

Physician Evaluation Notification

Form to be completed by patient notifying the Acupuncturist of whether he/she has been evaluated by a physician and other information.

(Pursuant to the requirements of 22 TAC 183.7 of the Texas Board of Acupuncture Examiners' rules relating to scope and practice and Tex. Occ. Code Ann., 205.351, governing the practice of acupuncture.)

I (name) _____, am notifying the acupuncturist, Terry Rudd, ND, L. AC of the following:

____ Yes ____ No I have been evaluated by a physician or dentist for the condition being treated within 12 months before the acupuncture was performed. I recognize that I should be evaluated by a physician or dentist for the condition being treated by the acupuncturist.

____ Initials of Patient Date: _____

____ Yes ____ No I have received a referral from my chiropractor within the last 30 days for acupuncture.

After being referred by a chiropractor, if after two months or twenty treatments, whichever comes first, no substantial improvement occurs in the condition being treated, I understand that the acupuncturist is required to advise me to see a physician. It is my responsibility and choice whether to follow this advice.

Signature _____ Date: _____