

**Notification Form Regarding Evaluation of Patient By Physician**

*In the state of Texas, acupuncture and Oriental medicine is not considered "primary health care". As a result, Metta Oriental Medicine is required to have you respond to the following statements before you may be treated. Please be advised that we will not be permitted to treat you with acupuncture if your response to all of these statements is no.*

*(Pursuant to the requirements of TAC section 183.7 of the Texas State Board of Acupuncture Examiners' rules (relating to Scope of Practice and Tex. Occ. Code Ann., 205.351, governing the practice of acupuncture.)*

I (patient's name) \_\_\_\_\_ am notifying Metta Oriental Medicine and its practioners of the following:

Yes \_\_\_ No \_\_\_ I have been evaluated by a physician or dentist for the condition being treated within twelve (12) months before the acupuncture was performed. I recognize that a physician or dentist should evaluate me before the acupuncture was performed. I recognize that a physician or dentist should evaluate me for the condition being treated by the acupuncturist.

OR

Yes \_\_\_ No \_\_\_ I have received a referral from a chiropractor within the last 30 days for acupuncture. The date of the referral is \_\_\_\_\_, and the most recent date of chiropractic treatment prior to acupuncture treatment is \_\_\_\_\_. After being referred by a chiropractor, if after 60 days or 20 treatments, whichever comes first, no substantial improvement occurs in the condition being treated, I understand that the acupuncturist is required to refer me to a physician. It is my responsibility and choice to follow this advice.

\_\_\_\_\_  
Patient Signature (required) Date

OR

I have not been evaluated by a physician for the condition being treated, nor have I received a referral from a chiropractor, but I seek treatment for one of the following conditions:

- \_\_\_ Chronic pain
- \_\_\_ Weight loss
- \_\_\_ Smoking Cessation
- \_\_\_ Alcoholism
- \_\_\_ Substance abuse

\_\_\_\_\_  
Patients Signature (required) Date

*Metta Oriental Medicine and its practioners are not responsible for untrue statements made by patient.*