

Acupuncture House Calls of Dallas
Kim Blankenship, L.Ac.

Notification Form Regarding Evaluation of Patient by Physician

*In the State of Texas, acupuncture and Oriental medicine is not considered primary care. As a result, we are 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 22 TAC §183.7 of the Texas State Board of Acupuncture Examiner’s rules relating to Scope of Practice and Tex. Occ. Code Ann., §205.351, governing the practice of acupuncture.)

I (patient’s name) _____ am notifying the practitioner here 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.

OR

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 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 whether to follow this advice.

OR

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

- Chronic pain
- Smoking addiction
- Weight loss
- Alcoholism
- Substance abuse

Signature (required) _____ Date _____

Kim Blankenship, L.Ac. is not responsible for untrue statements made by patients.