Living Chi

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, Living Chi 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 you response to all of these statements is no.

(Pursuant to the requirements of 22 TAC 183.7 of the Texas State Board of Acupunctur	
(relating to Scope of Practice and Tex. Occ. Code Ann., 205.351, governing the practice	e of acupuncture.))
I (patient's name)	am notifying the
YesNo I have been evaluated by a physician or dentist for the treated within 12 months before the acupuncture was performed. I reconstructed by a physician or dentist for the condition being treacupuncturist.	gnize that I
OR	
YesNo I have received a referral from my chiropractor within for acupuncture. After being referred by a chiropractor, if after two mon treatments, whichever comes first, no substantial improvement occurs in being treated, I understand that the acupuncturist is required to refer me It is my responsibility and choice whether to follow this advice.	ths or 20 n the condition
OR	
I have not been evaluated by a physician or dentist for the condition bei have I received a referral from a chiropractor, by I seek treatment for sy to on or more of the following conditions:	
Chronic pain Smoking addiction Weight loss Alcoholism Substance abuse	
Patient Signature Required	Date