

**Form to be completed by Patient, Notifying the Acupuncturist of Whether He/She Has Been Evaluated by a Physician, and Other Information (see end of form)**

**Note: this is not for a referral, you do not need a referral...**

*(Pursuant to the requirement of "1883.6(e) of this title (relating to Denial of License: Discipline of License) and TX Occ Code Ann., "205.351, governing the practice of acupuncture.)*

I (patient's name) \_\_\_\_\_ am notifying the acupuncturist (practitioner's name),  
\_\_\_\_Nicolle Zultowski\_\_\_\_ 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 recognized that I should be evaluated by a physician or dentist for the condition before 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 2 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.

\_\_\_\_ (Initial's of patient) Date: \_\_\_\_\_

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:**

**Exemptions according to Rule 183.6(e) Scope of Practice**

3)... *an acupuncturist holding a current and valid license may without an evaluation or a referral from a physician, dentist, or chiropractor perform acupuncture on a person for **smoking, addiction, weight loss, alcoholism, chronic pain, substance abuse, or stress management.***

If you have questions about whether you need to seek an evaluation prior to your visit please ask your acupuncturist.