



Form to be Completed by the Patient, Notifying the Acupuncturist of Whether He/She Has Been Evaluated by a Physician, and Other Information

(Pursuant to the requirement of “183.6(e)” of this title (relating to Denial of License; Discipline of License) and Tex. Occ Code Ann., “205.351,” governing the practice of acupuncture.)

I, (patient name) _____ am notifying Elisabeth Bouchard Licensed Acupuncturist at Bouchard Wellness of the following:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	(check one)
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 I should be evaluated by a physician or dentist for the condition being treated by an acupuncturist.		
_____	_____	
Patient’s Initials	Date	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	(check one)
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, which ever 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.		
_____	_____	
Patient’s Initials	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, or substance abuse.**”