

# Mercel Acupuncture & Herb

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## Notification Form Regarding Evaluation of Patient By Physician

*(Pursuant to the requirements of 22 T.A.C. §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 (client's name) \_\_\_\_\_, am notifying the acupuncturist of the following:

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

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Client 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

Client Signature (required): \_\_\_\_\_ Date \_\_\_\_\_

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The acupuncturist has referred me to a physician. It is my responsibility and choice to follow his/her advice.

Client Signature (required): \_\_\_\_\_ Date \_\_\_\_\_

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Acupuncturist's Signature: \_\_\_\_\_ Date \_\_\_\_\_