

Notice to Patient

(Pursuant to the requirements of Section 183.7(e) of this title (relating to Denial of License; Discipline of License) and section 6.11, subsections (b) through (d), V.A.C.S., article 4495b, governing the practice of acupuncture)

I (patient's name) _____, am notifying the acupuncturist
(practitioner's name) _____ of the following:

___Yes ___No I am being treated for smoking addiction, weight loss, alcoholism, chronic pain, or substance abuse. If No, what is the condition that the acupuncturist is treating? _____

___Yes ___No I have been evaluated by 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. _____ (initials) 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 120 days or 30 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.

Patient Signature: _____ Date: _____