

**Back in Balance  
Acupuncture and Herbal Medicine**

**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, Back In Balance Acupuncture and Herbal Medicine 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 your response is NO to ALL of the statements below.*

(Pursuant to the requirements of 22 TAC 183.7 of the Texas State Board of Acupuncture Examiners' rules relating to the Scope of practice and Texas Occupational Ann., 205.351, governing the practice of Acupuncture.)

I (patient's name) \_\_\_\_\_ am notifying the practitioner at Back In Balance Acupuncture and Herbal Medicine 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 recognize that I should be evaluated by a physician or dentist for the condition being treated by the acupuncturist.

**OR**

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 two months or 20 treatments, whichever comes first, if 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.

**OR**

I have not been evaluated by a physician or dentist for the condition being treated, nor have I received a referral from a chiropractor, but I seek treatment for symptoms related to one or more of the following conditions:

- Chronic pain
- Smoking addiction
- Alcoholism
- Substance abuse
- Weight loss

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Patient Signature Required

Date