



Acupuncture For Life

Stroke, Pain, Stress, Quit Smoking, and more

Caroline Chen, L.Ac.

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Notice To The Acupuncturist

(Pursuant to the requirement of 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, Caroline F. Chen, L.Ac.:

Yes No I have been evaluated by a physician or dentist for the condition being treated within the 12 months prior to the acupuncture treatment. I recognize that I should be evaluated by a physician for the condition being treated by the acupuncturist.

_____ (Initials of patient) Date: _____

- OR -

Yes No I have received a referral from my chiropractor within the last 30 days prior to the acupuncture treatment.

After being referred by a chiropractor, if after 30 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.

Signature: _____ Date: _____