

Mari Galle Acupuncture, PLLC

Mari Galle, LAc

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, Mari Galle of Mari Galle Acupuncture, PLLC is required to have you respond affirmatively to the following statements before you may be treated. Please be advised that Mari Galle will not be permitted to treat you with acupuncture if your response to all of these statements is no.

(Pursuant to the requirements of section 183.10(a)(11) of this title and section 205.302 V.A.C.>S article 4495b, governing the practice of acupuncture)

I, _____ am notifying Mari Galle of Mari Galle Acupuncture of the following:

Yes No I have been evaluated by a physician, dentist, or nurse practitioner, 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. The date of the referral is _____, and the most recent date of treatment prior to acupuncture is _____. 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.

OR

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

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

Should I return for treatment for any condition other than my original condition(s) treated by this practitioner, I understand it is my responsibility to be evaluated by a physician prior to acupuncture.

Patient's signature

Date