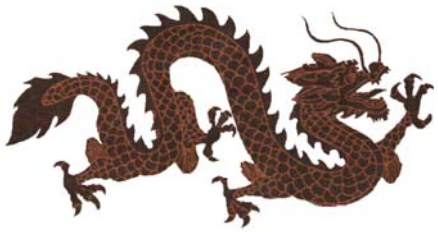

Gruene Dragon
Acupuncture &
Oriental Medicine

PHYSICIAN EVALUATION

1308 Common Street, Suite 203
New Braunfels, Texas 78130
P(830) 608-1403 – F(830)608-1400

Pursuant to the requirements of Section 6.11, Subsection (d) V.A.C.S., article 4496b, governing the practice of Acupuncture.

I (patient name)_____, am notifying the licensed acupuncturist of one of the following:

1) I have been evaluated by a physician or dentist for the condition (s) being treated within 6 months before this acupuncture treatment is performed. Yes☐ No☐
I recognize that I should be evaluated by a physician for the current conditions (s) or any future condition (s) treated by the licensed acupuncturist (patient initials)____.

2) I understand that the following conditions do not require evaluation from a physician within the last 6 months (please circle those that apply)☐smoking cessation ☐chronic pain ☐weight loss

3) I have received a referral from my chiropractor within the last 30 days for acupuncture.
Yes☐ No☐
After being referred by a chiropractor, after 30 days or 20 treatments (whichever comes first), if there is no substantial improvement in the condition being treated, I understand that the licensed Acupuncturist is required to refer me to a physician. It is my responsibility and choice whether to follow this advice.

Signature of Patient_____Date_____

OFFICE POLICIES- PLEASE READ AND SIGN BELOW

If you wish to change an appointment, please call within 24 hours prior to appointment time. We reserve the right to charge a treatment fee of $75.00 for non-cancellation of an appointment.

All herb sales are final. Herbal products are prescribed and intended for the use of the patient only, please do not give your herbs to someone else.

We will charge an additional $30 for returned checks due to insufficient funds.

I understand the above information and guarantee that I have completed this form to the best of my knowledge.

Signature of Patient_____Date_____