



Kymerlie Landgraf
MAOM, L.Ac.

Notification Form Regarding Evaluation of Patient by Physician

(Pursuant to the requirement of section 183.7 (e) of this title and section 6.11, Subsection (d) V.A.C.S. article 4495b, governing the practice of acupuncture)

I (patient's name), _____ am notifying the practitioner, Kimberlie Landgraf, L.Ac. of the following:

Yes No I have been evaluated by a physician or dentist for the condition being treated within twelve (12) months before the acupuncture was performed. I recognize that a physician or dentist should evaluate me for the condition being treated by the acupuncturist.

OR

Yes No I have received a referral from a chiropractor within the last 30 days for acupuncture. The date of the referral is _____, and the most recent date of chiropractic treatment prior to acupuncture treatment is _____. After being referred by a chiropractor, if after 60 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.

Patient Signature (required)

Date

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 one of the following conditions:

- Chronic Pain
- Weight Loss
- Smoking Cessation

Patient Signature (required)

Date

Kymerlie Landgraf, L.Ac is not responsible for untrue statements made by patients.