

**CHINA HEALTH CENTER, INC.**

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**CLIENT INFORMATION FORM**

This is a confidential questionnaire. The information you provide will help us determine the best treatment plan for you. If you have any questions, please ask us. Thank you.

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Whom should we thank for referring you to this office? \_\_\_\_\_

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, Don X. Zhang or May-Er Cheng, of the following:

\_\_\_\_\_ Yes \_\_\_\_\_ No I have been evaluated by a physician or dentist for the condition being treated within 1 year before the acupuncture was performed.

I recognize that I should be evaluated by a physician for the condition being treated by the acupuncturist.

\_\_\_\_\_ 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 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 to follow this advice.

Acupuncture is not a substitute for examination and diagnosis by a Medical Doctor. I understand that it is necessary that I see a physician for a physical examination within 1 year of the date on which I began treatment at this acupuncture clinic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_