

Acupuncture Clinic of West Kentucky
218 S. 12th Street, Murray, KY 42071
270-761-7899
Rangsima Collins C.Ac.

Physician Verification and Notification Form

I, _____ am currently under the care of a physician for the following conditions (check all that apply)

- Hypertension (High Blood Pressure)
- Cardiac Condition
- Acute respiratory distress, with extreme difficulty on inspiration and expiration.
- Suspected systemic infection
- Acute, severe abdominal pain
- Serious hemorrhagic (bleeding) disorder
- Suspected bone fracture or dislocation
- Undiagnosed neurological changes
- Unexplained weight loss or gain of more than 15% of body weight in last 3 months
- Diabetes
- Cancer
- Pregnancy

Physician: _____ Phone: _____

Signature: _____ Date: _____

I have notified my physician that I am seeking treatment by acupuncture with the above condition(s). Should my physician have any questions or concerns, he or she will contact the acupuncturist by phone. Contact information is at the top of this form.

I am aware that if I refused to provide a medical history or disclose information regarding any of the conditions listed on this form, I will not be treated with acupuncture.

Name: _____ Date: _____

Signature: _____