

Healing Care Acupuncture
105 W. North College Street, Suite 10
Yellow Springs, OH 45387

**FOR PATIENT REVIEW REGARDING DIAGNOSTIC EXAM
PLEASE SIGN ONE OF THE TWO OPTIONS LISTED BELOW:**

Option 1:

I have received a diagnostic exam by a physician or chiropractor within the last six months regarding the condition for which I am seeking treatment.

Patient's Signature

Date

Option 2:

I have NOT received a diagnostic exam by a physician or chiropractor within the last six months regarding the condition for which I am seeking treatment. Ohio law requires that a Licensed Acupuncturist recommend that you receive a diagnostic examination from a physician or chiropractor regarding the condition for which you are seeking treatment.

I understand this recommendation.

Patient's Signature

Date

Licensed Acupuncturist Signature

Date