Disclosure and Consent

Thank you for visiting Balance Health and Wellness and for using our naturopathic services. The naturopathic practitioner whom you are consulting, Kelly A. Simms ND (hereby known as the practitioner), is part of a multi-disciplinary team.

While the Practitioner is licensed as a naturopathic physician in the state of Vermont (License 099-0071912), the state of Illinois does not yet offer licensure for naturopathic physicians. Therefore, the Practitioner cannot use all treatments approved in all states, nor can she independently be your primary care provider. It is recommended that you also maintain a relationship with, and, when necessary, seek treatment from, a licensed primary care provider. Please initial the following:

I am willfully accepting	ng naturopathic and/o	r homeopathic	wellness	consultation	from the
Practitioner.					
I acknowledge that the	Practitioner is not act	ing in any capad	city as a lie	censed physicia	an, but is
providing general wellness coun	seling.				
I acknowledge that the	e Practitioner does no	diagnose or ti	reat physi	cal or mental	ailments
diseases of psychological condit	ions. The Practitioner p	rovides general	wellness o	onsultation the	at may or
may not confer health benefit to	the individual.				
Lab work that is review	ed or requested by the	Practitioner is o	done to as	sist in creating	a plan to
increase health. A medical diagr	nosis must be sought fro	om an Illinois lice	ensed heal	thcare provide	er.
Any supplement, herba	l or homeopathic recon	nmendations ma	ay be obta	ined from any	provider
The Practitioner does not clai	m that such products	treat, cure or	prevent	ohysical and/o	r menta
ailments or disease. The effect	ts of the products av	ailable through	the Pract	titioner have i	not beer
evaluated by the Food & Drug A	dministration.				
We thank you for your visit!					
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Patient's Name (Please print)					
Signature	 Date				