Disclosure and Consent

Thank you for visiting Balance Health and Wellness and for using our naturopathic services. The naturopathic practitioner whom you are consulting, Jamine Blesoff, 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 Washington (License NT-60189964), 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:

Signature	Date			
Patient's Name (Please print)				
We thank you for your visit!				
evaluated by the Food & Drug Ad		J		
Any supplement, herbal The Practitioner does not clair ailments or disease. The effect	n that such products	reat, cure or pre	event physical and	d/or mental
different than conventional me conventional medicine.				•
Lab work that is reviewed increase health. A medical diagraddition, the Practitioner may	nosis must be sought f	rom an Illinois lic	ensed healthcare	provider. In
care. The Practitioner is not after emergency or hospitalization.				
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I acknowledge that the	Practitioner does not	•	· ·	-
I acknowledge that the providing general wellness couns		g in any capacity	as a licensed phys	ician, but is
Practitioner.	g naturopatine ana/or	nomeopatine we	iniess consultation	ii iioiii tiie
I am willfully acceptin	g naturonathic and/or	homeonathic we	Ilness consultatio	n from the