## **Disclosure and Consent**

Thank you for visiting Balance Health and Wellness/West Suburban 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	g naturopathic and/or	homeopathic	wellness	consultation	from the
Practitioner.					
I acknowledge that the I	Practitioner is not acti	ng in any capad	city as a lic	censed physici	an, but is
providing general wellness counse	eling.				
I acknowledge that the	Practitioner does not	diagnose or ti	reat physic	cal or mental	ailments
diseases of psychological condition	ons. The Practitioner pr	ovides general	wellness c	onsultation th	at may or
may not confer health benefit to	the individual.				
Lab work that is reviewe	d or requested by the	Practitioner is o	done to ass	sist in creating	a plan to
increase health. A medical diagno	sis must be sought fro	m an Illinois lice	ensed heal	thcare provide	er.
Any supplement, herbal	or homeopathic recom	mendations ma	ay be obta	ined from any	provider
The Practitioner does not claim	that such products	treat, cure or	prevent p	ohysical and/o	r menta
ailments or disease. The effects	s of the products ava	ailable through	the Pract	itioner have	not beer
evaluated by the Food & Drug Ad	ministration.				
We thank you for your visit!					
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Patient's Name (Please print)					
Signature	 Date				