



## INFORMED CONSENT

I hereby authorize and consent to the naturopathic medical services offered by Dr. Simona Ciobanu, ND which may include homeopathy, botanical medicine, nutraceutical supplementation, nutritional counseling and lifestyle counseling. I understand that the remedies, botanical medicines, and supplements are to be used according to the instructions provided to me orally and in writing. I will notify the doctor immediately in the event that I should experience unpleasant or unanticipated effects as a result of taking the remedies, botanical medicines, or supplements. Although naturopathic medicines (derived from plant, animal, or mineral sources) are generally safe, I understand that they may have potential side effects, allergic effects, or toxic effects when used in inappropriate or large doses. Furthermore, I understand that some naturopathic medicines may be unsafe to use during pregnancy and breastfeeding. I will notify Dr. Simona Ciobanu, ND immediately if I am or become pregnant or breastfeeding.

Dr. Simona Ciobanu, ND is a graduate of National University of Health Sciences in Lombard, Illinois, a 4-year post-graduate medical school. She carries a license to practice medicine in the state of Vermont. In the state of Vermont, Naturopathic Medicine is regulated by Vermont's Secretary of State's Office of Professional Regulation of Naturopathic Physicians under Vermont statutes, Title 21, Chapter 81, Section 4121-4132.

Dr. Simona Ciobanu, ND is licensable in all states licensing Naturopathic Physicians. At this time, Illinois does not offer such a license. Under Illinois law, a Naturopathic Physician may not provide a medical diagnosis, prescribe medical treatments, or recommend discontinuance of such treatments. As a result, Dr. Simona Ciobanu, ND does not intend to or imply that she is diagnosing or treating disease. It is therefore understood that Dr. Simona Ciobanu, ND serves as a wellness consultant. If I should require a diagnosis or services from licensed practitioners such as MD, DO, DC, RN, etc, I may seek or continue such services at any time.

I understand that the recommendations provided by Dr. Simona Ciobanu, ND are educational in regards to the utilization of natural methods for building and maintaining health, and are intended to complement, not substitute, any medical treatment prescribed by a licensed physician. I accept that no guarantee is made for the outcome of services provided and that I may discontinue participation in services offered at any time.

By voluntarily signing below, I show that I understand the above consent to treatment. It is my right to ask questions and have those questions answered to my satisfaction before proceeding with care. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment from Dr. Simona Ciobanu, ND.

Patient or responsible party signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Simona Ciobanu, ND

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