



2017 Physicians' Learning Conference

Welcome to EDS Wellness' 2017 Physicians' Learning Conference! We are so glad that you are here with us. Please take a moment to fill out this form, so that we can ensure that your contact information is correct and that we have your communication preferences on file.

Thank you for spending your weekend with us!

Cheers!

- Kendra and the EDS Wellness Team

Name:

Specialty(s): _____

Do you treat pediatric patients? Yes No

Name of Practice:

Practice Address:

Phone number: _____

Email: _____

Communication preference (email or text)

I would like to be included on the Physician's Referral list (shared with practitioners).

YES NO

I would like to be included on the Patient Referral list (shared with patients).

YES NO

Why are you attending this conference?

Do you currently utilize an integrative approach in treating patients? If so, please let us know what therapies you offer in your practice.

What therapies are you interested in learning more about, or would like to try?

What is the biggest obstacle you face in the management of chronically ill patients with multiple comorbidities?

How can patient support groups and organizations, such as EDS Wellness, support you in caring for chronically ill patients?

Are physician/healthcare provider learning conferences helpful? If so, please provide a few important points that you feel are critical for healthcare provider learning conferences. Please also provide feedback on anything that you feel is not necessary or useful (i.e. specific topics, types of venues, areas/places to avoid, food, group dinners, length of conference, etc.)

Please provide a few presentation topics that you would be interested in hearing at future physicians/healthcare providers learning conferences.

Any other comments or questions that you would like to share to help make your Physicians Learning Conference experience as positive as possible?

