

An 8-Week Course: Foundations of Functional Medicine
Tuesday Afternoons, 4:30-6:00 pm
January 15 to March 5, 2019
Online via Zoom Video Conferencing

You're invited to participate in eight weeks of learning and connection in a mentorship course designed to support those with autoimmune disorders utilizing the principles of functional medicine.

What You Can Expect:

Every week will be a mix of teaching, activities, and discussion around a specific topic related to autoimmune disease and functional medicine utilizing my 7 Foundational Pillars of Health. There may be "homework" provided to help you further understand the topic but these activities are certainly not required.

Functional medicine is a whole-person system where mental, emotional and spiritual components of our health are as valued as the physical components. You can expect that there will be discussions relating to your health as a whole-person.

You are welcome to share as much or as little about your health as you choose. You are not required to share anything about yourself or your health if you're not comfortable doing so.

Dr. Deborah is available to you via email at any time during the 8-week class. Should you have questions, concerns, or comments you are invited to contact her via email at drdeborah@drdeborah.com.

Logistics:

This course will run online, through Zoom Video Conferencing. An email will be sent out before each class with the link to join the meeting. You'll need to connect via a computer, phone or tablet that has video/audio capabilities. Please use headphones when you join the meeting.

Requirements:

You agree to keep information shared by other participants confidential. You may share what you've learned with others but any personal identifying information about other participants must be kept confidential unless they have given you permission to share.

You understand that participating in this course does not create a doctor-patient relationship with Dr. Deborah Anderson. None of the information shared should be considered medical advice. This course is meant for educational purposes only. You are advised to consult with your healthcare providers before making any changes or additions to your healthcare plan.

By signing below you acknowledge that you understand and agree to the above expectations and requirements.

Participant Name: _____ Date: _____

Participant Signature: _____

DR. DEBORAH ANDERSON, ND

NATUROPATHIC PHYSICIAN | FUNCTIONAL MEDICINE

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Class Introduction Form

Name: _____ Phone: _____

Age: _____ Email: _____

What are you hoping to learn in this class?

Are there specific topics that you'd like me to address?

How familiar are you with functional medicine?

What are your top 3 health concerns?

What else would you like to share with me?

Do I have permission to email you with class information, schedule changes or resources? (Yes/No) _____

Would you like to receive my email newsletter with articles & news about upcoming events. (Yes/No) _____