Health At Every Size® Virtual Consult Group

Name:

Email:

Occupation:

1. **How/ when did you learn about Health At Every Size® (HAES)?**

2. **Have you attended any trainings/lectures on HAES?**

3. **How often do you use HAES in your practice as a healthcare provider?**

4. **What types of concerns/issues come up for you when using HAES clinically?**

5. **What are your expectations/hopes for being a member of the HAES consult group?**