DrFernandez.com
Chiropractic Marketing & Development

Complete and Return for a
Complimentary Telephone Consultation
with Dr. Peter Fernandez

Confidential In-Practice Evaluation Questionnaire

Personal Background

Name: _____ Date: _____

Social Security #:_____ DOB: _____

Home Address: _____

Home Telephone #: _____ E-Mail Address: _____

Office Address: _____

Office Telephone #: _____ Office Fax #: _____

Hours You Can Be Reached at Your Office: _____

Length of Time at Present Location(s): _____

Have You Practiced Before? ☐ Yes ☐ No If So, Where: _____

_____

How Long & Why Did You Change Location? _____

_____

Have You Ever Had Your License Revoked or Suspended? ☐ Yes ☐ No If So, Explain:

_____

_____

How Did You Hear of DrFernandez.com? _____

_____

Have You Ever Attended a DrFernandez.com Seminar? ☐ Yes ☐ No If Yes, Where & When: _____

Chiropractic Background

Why Did You Enter The Chiropractic Profession? _____

_____

Are You Presently Enrolled in a Chiropractic Management or Consulting Course of Instruction?
☐ Yes ☐ No If Yes, Please List: _____

_____

Have You Ever Been Enrolled in a Management or Consulting Course in the Past?
☐ Yes ☐ No If Yes, Please List: _____

_____

Do You Consider Your Energy Level: ☐ Low ☐ Good ☐ High

Are You Content with Your Present Level of Living & Income? ☐ Yes ☐ No

How Much More do You Want to Take Home Per Year? $_____

Have You Ever Declared Bankruptcy? ☐ Yes ☐ No

Facilities & Location

Are You in Full Time Practice? ☐ Yes ☐ No If Not, Please Explain: _____

_____

Number of Square Feet in Your Office? ☐ 0 - 1000 ☐ 1000 - 1500
☐ 1500 - 2000 ☐ 2000 - 3000 ☐ over 3000

What Is the Ratio of D.C.'s to Population in Your Town? _____
(Divide the Number of D.C.'s into the Approximate Population of Your Town)

Do You Practice in More than One Office? ☐ Yes ☐ No

Do You Think You Should Change Towns, or Locations Within Your Present Town?
☐ Yes ☐ No If Yes, Why? _____

_____

Equipment Evaluation

How Many Adjusting Rooms Do You Utilize? _____

Are All Adjusting Rooms Identically Equipped? ☐ Yes ☐ No If No, Please Describe the Difference: _____

What Physiotherapy and Traction Devices Do You Have? _____

_____

What Is the Approximate Percentage of Follow Through on You Recommendations?
☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

Do You Give Examinations in 1-2-3 Days? ☐ 1 ☐ 2 ☐ 3

Give a Brief Description of Your Standard Examination: _____

_____

What Special Examination/Diagnostic Procedures Do You Use? _____

_____

Do You X-ray Every Patient? ☐ Yes ☐ No What Percentage? _____

Do You Take Your Own X-rays? ☐ Yes ☐ No or Does Your C.A.? ☐ Yes ☐ No

Do You Adjust Patients on the First Visit? ☐ Yes ☐ No

Do You Give Periodic Examinations to Check Your Patients' Progress? ☐ Yes ☐ No

What Type of Adjustments Do You Give? (Grostic, Goodheart, Gonstead, etc.)?: _____

_____

Do You Use Food Supplements? ☐ Yes ☐ No

Do You Perform or Order Blood or Urine Chemistries? ☐ Yes ☐ No

Do You Use Orthopedic Collars, Supports or Pillows? ☐ Yes ☐ No

Do You Do Any Personal Injury Work? ☐ Yes ☐ No

Do You Use Case Basis or Prepaid Series? ☐ Yes ☐ No

Do You Have a Procedure to Prevent Patients from Terminating Care Prematurely?
☐ Yes ☐ No If Yes, Please Explain: _____

_____

What Is the Approximate Number of Previous Patient Files You Have on Hand?
☐ - 500 ☐ 500 - 1000 ☐ 1000 - 2000 ☐ 2000 - 3000 ☐ Over 3000

Do You Have a Recall System? ☐ Yes ☐ No

Do You Have a Program to Produce a Consistent Flow of New Patients by Referrals?
☐ Yes ☐ No If Yes, Please Explain: _____

_____

What Type of Advertising Do You Do? ☐ Television ☐ Radio ☐ Newspaper
☐ Telemarketing ☐ Yellow Pages ☐ Other _____

Is Your Newspaper Ad Working? ☐ Yes ☐ No

Is Your Yellow Page Ad Working? ☐ Yes ☐ No

Please Enclose a Sample of Your Advertising, If Possible.

How Else Do You Attract New Patients to Your Office? _____

_____

Do You Send out Newsletters? ☐ Yes ☐ No

Do You Send out Birthday Cards? ☐ Yes ☐ No

What Income Production Do You Have When You Are out of the Office? _____

_____

How Many Additional Patients a Day Could You Handle with Your Present Office Staff?
☐ 0 - 5 ☐ 5 - 10 ☐ 10 - 20 ☐ Over 20

If Your Practice Is Properly Marketed, How Much Can Your Practice Grow in Two Years?
☐ $0 - $150,000 ☐ $150,000 - $250,000 ☐ $250,000 - $500,000
☐ Over $500,000 ☐ Over $1,000,000

Describe Your Practice Marketing Efforts: ☐ Constant & Coordinated
☐ Constant & Uncoordinated ☐ Sporadic/Infrequent
☐ No Marketing Activities ☐ A Series Of "One Shot" Deals

How Satisfied Are You with Your Marketing Efforts over the Last 24 Months?
☐ Very Happy ☐ Somewhat Happy
☐ Disappointed - Break Even At Best ☐ Very Disappointed - Very Little or No Tangible Results

How Much in Added Collections Do You Want for Your Practice over the next 12 Months?
☐ $0 - $10,000 ☐ $10,000 - $25,000 ☐ $25,000 - $50,000
☐ Over $50,000 ☐ Over $100,000 ☐ Over $200,000

Are You Doing Duties in Your Office Which Could Be Done by Someone Else? ☐ Yes ☐ No
If Yes, Please Describe: _____

Are You Willing to Delegate These Duties? ☐ Yes ☐ No

What Problems, Procedures, or Situations Do You Feel Have Hindered Your Practice Growth And/or Income? _____

_____

_____

_____

_____

Financial

What Do You Charge for Your Services? Adjustments? _____ Physiotherapy?_____
14 X 36 X-rays? _____ 14 X 17 X-rays? _____ 8 X 10 X-rays? _____

What Percent of Your Practice Is: Cash _____% Insurance _____%
Workers' Compensation _____% Personal Injury _____% Prepaid (Series-Case) _____%

What Percent of Your Income Goes to Overhead? _____%

What is Your Total Monthly Overhead? _____

Practice Analysis

Please Complete the Following Information For the Prior 6 Months of Your Practice:

For Month Of:						
Total # of Missed Appointments						
Total # of Patient Visits						
Total # of New Patients (*Do not include reactivated, previous patients.*)						
Total Money Collected						
Total Services Billed						
Total # of Examinations Rendered						
Total Sets of X-rays Taken						
Total # of Reactivated Patients						

Are You Satisfied with Your Present Practice Income? ☐ Yes ☐ No

Compared to the Previous 24 Months, is Your Practice Now: ☐ Growing Quickly
☐ Barely Growing ☐ "Plateaued" ☐ Slightly Decreasing ☐ "More Than Slightly" Decreasing

Do You Practice by Appointment? ☐ Yes ☐ No

Do You Charge for All of Your Services? ☐ Yes ☐ No If No, Which Services Don't Charge For? _____

_____

Clerical Staff

Do You Have a Receptionist? ☐ Yes ☐ No Approximate Age: _____

How Long Has Your Receptionist Been With You?
☐ Less Than 1 Year ☐ 1 - 2 Years ☐ 2 - 5 Years ☐ 5 - 10 Years ☐ Over 10 Years

Has Your Receptionist Ever Worked with Another Chiropractor? ☐ Yes ☐ No

Rate Your Receptionist on the Following Scale:

Check the Following:	GOOD	FAIR	POOR
As a Collector	_____	_____	_____
On the Telephone	_____	_____	_____
Typing & Office Skills	_____	_____	_____
New Patient Referrals	_____	_____	_____
Willingness to Work	_____	_____	_____
Personal Appearance	_____	_____	_____
General Health	_____	_____	_____
Enthusiasm About Chiropractic	_____	_____	_____

What is Your Receptionist's Current Monthly Salary? _____

Do You Feel You Should Replace Your Receptionist? ☐ Yes ☐ No
If Yes, Why? _____

Does Your Spouse Work For You? ☐ Yes ☐ No
If Yes, in What Capacity? _____
If No, Would You Like Her to Work For You? ☐ Yes ☐ No

Do You Have Any Other Staff Assisting You In the Office? ☐ Yes ☐ No
If Yes, How Many and What Are Their Duties? _____
_____
_____

Collections

Do You Have A Collection Problem in Your Office? ☐ Yes ☐ No

If Yes, Explain What You Believe the Cause Is: _____
_____

Estimate the Amount of Your Accounts Receivable: _____

Practice Problems

Have You Recently Thought of Getting Out of Chiropractic? ☐ Yes ☐ No
If Yes, Why? _____

_____

In Which of the Following Areas Do You Feel You Need Help?

☐ General Success ☐ Attitude ☐ Time Management

Detailed Training In:

☐ Consultation	☐ Examination	☐ Report of Findings
☐ Examination Procedures	☐ Patient Control	☐ Referrals
☐ Insurance Procedures	☐ Advertising	☐ Increased Income
☐ Personal Injury Practice	☐ Industrial Practice	☐ Associate Doctor Practice
☐ Staff Acquisition	☐ Staff Training	☐ Staff Management
☐ Location Evaluation	☐ Sign Evaluation	☐ Building Plans/Recommendations
☐ Floor Plans	☐ Overhead Control	☐ Money Management
☐ Keeping The Dogs Off	Other: _____	

Summary

What Assistance Would You Like From DrFernandez.com? _____

_____

_____

What Type Services Do You See Yourself Offering in the Future? _____

_____

_____

Applicant's Signature: _____

If You Are Married, Please Have Your Spouse Answer the Questions On The Next Page

Chiropractic Spouse's Questionnaire

Name: _____ How Long Married? _____

Please Answer The Following Questions to the Best of Your Ability:

What Are Your

1. Assets? _____
2. Weaknesses? _____
3. Desires? _____

What Are Your Spouse's

1. Assets? _____
2. Weaknesses? _____
3. Desires? _____

What Can DrFernandez.com Do to Help...

You? _____

Your Spouse? _____

Are You Willing to Assist Your Spouse to Go The Extra Mile in Practice? ☐ Yes ☐ No

If Yes, Why? _____

Do You Have Any Restrictions on Your Spouse's Time? ☐ Yes ☐ No

If Yes, What? _____

Signature: _____ Date: _____

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