



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

CONFIDENTIAL PRACTICE STARTERSSM QUESTIONNAIRE

Please complete each question as precisely as possible. If the question is not applicable, just place "NA" after the question.

Date _____

SECTION A - PERSONAL BACKGROUND

Full Name _____ SS# _____

Date of Birth _____ Place of Birth _____

Spouse's Full Name _____

Names and Ages of Children _____

Home Address _____
Street City State/Province Zip

Home Telephone (Area Code) (____) _____

Fax Number _____ E-mail Address _____

Parents' Name _____

Address _____
Street City State/Province Zip

Telephone (Area Code) (____) _____

Have you practiced before? If so, where? _____
Street City State

How long and why left? _____

How did you hear of Fernandez Consulting, or Practice Starters? _____

Who referred you to Fernandez Consulting, or Practice Starters? _____
Name City State

SECTION B - EDUCATIONAL QUALIFICATIONS

What is the name of your chiropractic college? _____

Number of years attended _____ Date Graduated _____ Date Will Graduate _____

What activities did you participate in, and what honors did you receive during chiropractic college? _____

Have you been or are you now an active member of the military? _____

What Branch? _____

In what states are you licensed? _____
What state are you interested in practicing in? _____
When are you taking boards? _____
For which states? _____

SECTION C - CHIROPRACTIC BACKGROUND

Does your spouse agree with you being a Chiropractor (totally supportive of your Chiropractic career)? Yes No
Are you handicapped in any way that would prevent you from carrying a full practice load? Yes No
If so, Describe: _____
How do you consider your energy and desire level? Low Good High
What chiropractic technique(s) do you utilize? _____

SECTION D - FACILITIES AND LOCATION

What size town do you want to practice in (population)? _____
Any specific town?) _____

SECTION E - EQUIPMENT

What equipment do you own? _____

What type of professional equipment would you like to start practice with? _____

Brand name of x-ray machine _____ Power (i.e. 300 MA 125 KVP) _____
New Used

Brand name of adjusting tables _____
Number of adjusting tables 1 2 3
Physiotherapy-list preferences _____

SECTION F - FINANCIAL

Do you have financing approval by any bank or leasing company for your office equipment (in writing)? Yes No
Do you have a relative willing to give you financial aid or backing? If so, how much financial assistance is available?

Can you get a co-signer for a loan? Yes No If yes, who? _____
How much money do you have available to open your practice? _____
What are your present debts-amounts owed and to whom? _____

SECTION G - PRACTICE PROBLEMS

In what area of practice do you feel you need help? _____

- CHOOSING TOWN
- CHOOSING LOCATION
- FLOOR PLANS
- CONSTRUCTION RECOMMENDATIONS
- SIGN DESIGN
- BUILDING LEASE EVALUATION
- EQUIPMENT LEASING
- FINANCES
- STAFF SELECTION AND TRAINING
- ADVERTISING
- PATIENT CONTROL
- REFERRALS
- INSURANCE PROCEDURES
- PERSONAL INJURY PRACTICE
- MONEY MANAGEMENT
- TAXES
- OTHER _____

SECTION H - CONFIDENTIAL

Do you desire an associateship with an established D.C. before starting your own private practice? Yes No

If you are accepted in our Practice StartersSM Program, what assistance do you expect? _____

What do you think Practice StartersSM can do for you? _____

What type of services do you see yourself offering? _____

What is your first month's income goal? \$ _____ Third month income \$ _____

First year income \$ _____

Applicant's Signature _____ Date: _____

HAVE ANY QUESTIONS?
CALL TOLL FREE: 1-800-882-4476
Please send this questionnaire to:
Fernandez Consulting
10733 57th Avenue North
Seminole, FL 33772
727-392-0822 - Fax: 727-392-0489

(If you are married, please have your spouse answer the questions on this page.)

CHIROPRACTIC SPOUSE'S QUESTIONNAIRE

Name _____ How Long Married? _____

PLEASE ANSWER THE QUESTIONS BELOW 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 Practice StartersSM do to help?

(1) You _____

(2) Your Spouse _____

Are you willing to assist your spouse to go the extra mile in practice? _____

Do you have any restrictions on your spouse's time? Yes No

If so, what? _____

Signature _____

Date _____



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