

Rosen Coaching
"Why just survive when you can thrive...
Let me help you *attract* the practice of your dreams"

Name _____
Clinic Name _____
Address _____
Phone _____
Fax _____
Email _____
How did you hear about us? _____

Rosen Coaching Complimentary Consultation

The more I know about you and your practice the better I can help. Please fill this out to the best of your ability and feel free to estimate, or leave questions blank that don't apply. Try to answer as honestly as possible. You can trust that all of your answers will be held in the strictest confidence. When you are finished either email to drrosen@rosencoaching.com, fax to (808)878-8385 or mail to 59 Holomakani Dr. Kula, Hi. 96790 Please make sure we have received this questionnaire at least 24 hours prior to our class or next meeting.

Tell me a little about your DESIRES... What would the values be for your IDEAL practice?

Fill in the blanks:

New patients/wk _____
Hours/wk _____
(I am presently working _____ hours/wk)
Patient visits/wk _____
Production (amount billed)/mo \$ _____
Collections/mo \$ _____
Overhead \$ _____

Tell me about the CURRENT state of your practice; specifically give the following values for the last 90 days:

New patients (last 3 months) _____
Production (amount billed) (last 3 months) \$ _____
Total patient visits (last 3 months) _____
Collections (last 3 months) \$ _____
Overhead (last 3 months) _____ (not including doctor's income)

I would reach my goals if...

I saw an extra (new patients/wk) _____
What is holding you back?

My patient retention went up _____%
Why don't they currently stay longer?

I could see X more patients/hr during busy hours _____
How many do you currently see during a busy hour? _____
What is keeping you from seeing more?

I could decrease my stress level _____%
What are the big stressors?

I increase my level of enjoyment _____%
What do you like most about your practice?

What do you like least about your practice?

What needs to change?

I decreased my overhead _____%
How might you decrease your practice's overhead?

How can I adjust my work hours? What do I need to do to have the hours I want?

Currently I would grade...

My staff working as a team

A B C D F

My ability to communicate with and "motivate" my staff

A B C D F

My ability to communicate with and "motivate" my patients A B C D F

My ability to communicate **Chiropractic** with my patients A B C D F

My ability to stay "connected" with my patients, meaning I know they are hearing me and they are "with" me 100% of the time

A B C D F

My personal level of motivation/excitement

A B C D F

My ability to transition patients from acute care to lifetime wellness care

A B C D F

My office systems and automation in regards to flow and efficiency

A B C D F

My consultation/examination

A B C D F

My R.O.F.

A B C D F

My daily interactions (ability to stay connected and move my patients through)

A B C D F

My re-exams and re-reports

A B C D F

My ability to deal with the difficult questions and difficult patients

A B C D F

How often I have conflict with staff and patients ("A" means zero conflict)

A B C D F

Please answer the following...

Why are you considering hiring me as your coach, or taking one of my courses?

What specific benefits do you hope to receive?

How will we know we have been successful?

How willing are you to make substantial change? Extremely____
very____ moderate____ not very____

What are your top 3 immediate goals?

How many years have you been in practice?

How old are you?

What practice management programs have you attended and what was your experience?

Please describe your chiropractic technique

Describe your current marketing program

Please let me know how you learned of Rosen Coaching, as well as any other comments you would like me to know about?

I would like to know more about...

Improving my communication skills ____

Improving my consultation/examination, R.O.F., Daily interactions, Re-reports, re-evaluations, how to deal with the difficult questions and patients. ____

Improving my ability to stay motivated or motivate others ____

Helping my staff to work as a team ____

Systematizing and automating my office procedures and flow ____

Increasing my enjoyment level and decreasing my stress ____

Increasing my ____ Cash practice, ____ Work Comp,
____P.I., ____Auto insurance practice, ____Wellness Practice

Thank you!

I am personally very excited about the opportunity to help you achieve the life and practice of your dreams. We will be in touch with you soon. Feel free to contact us by phone, fax, or email at any time. If you do not hear back from us within 2 business days please contact us at drrosen@rosencoaching.com or fax @ (808) 878-8385, or call (808) 878-8384