

How many cancellations/month? _____ How many reschedule? _____

Do you track missed patient appointments? Y N

Do you perform regular re-examinations? Y N If YES, how often? Every _____ visits.

How much time is spent (minutes) for:

Exam _____ Report of Findings _____ Re-examinations _____

Do patients escort themselves to the adjusting rooms? Y N

How many DC's/MD's/DO's? 1 2 3 (Circle DC, MD or DO)

How many adjusting rooms? _____ How many exam rooms exclusive of adjusting rooms? _____

Do you have in-office x-rays? Y N Automatic Processor Hand tanks

Do you have a dedicated room for patient education? Y N

Do you have a Physical Therapist? Y N

Do you have a Physical Therapist Aid? Y N

How many massage therapists do you have? _____

What percentage of your patients, receive therapy/modalities on each visit? _____ %

Mark the modalities you use: US EMS TENS Heat

Cryotherapy Paraffin Whirlpool Infrared Intersegmental Traction

Interferential Other: _____

Have you ever done diagnostic work in your office? Y N

If YES, how much billing per month? \$ _____ Collections per month? \$ _____

Do you own any diagnostics: SEMG SSEP NCV EMG (needle) EEG

ECG EKG Neurometer Other _____

Have you ever done blood work? Y N

Do you have a lab set up? Y N

Give a breakdown of percentages of the following:

% PI _____ % Workers Comp _____ % Cash _____ % Health Insurance _____

% Medicare _____ % HMO's _____

Are you a participating Medicare provider? Y N

What is your source of new patients? Yellow Pages Dinners Screenings PI Attorneys

Patient Referrals TV Direct Mail Newspaper Ad

MD Referrals Newsletters Other (please list) _____

Monthly budget for advertising? \$ _____

Types of advertising (check only the ones you use:) Newspaper Coupons Radio TV

Spinal Screening Other (explain) _____

Do you belong to a Practice Management Group? Y N

If YES, Name: _____

If NO, have you ever been a member of a practice management organization? Y N

Marital status: Married Single Divorced Widow

Chiropractic College: _____ Year graduated: _____

Type of practice: Sole Practitioner Partnership Corporation

Do you: Practice full time Practice part time Manage part time Manage only

Do you practice in more than one office? Y N

Do you share your office with anyone? Y N

Are you consistently treating the volume of patients you would like to? Y N

Are you consistently getting the amount of new patients you want? Y N

Are you consistently making the money that you feel you deserve? Y N

Is your staff trained so that when you're out of the office you trust the job is being done correctly? Y N

Do you feel a balance between your home life and practice life? Y N

Are you taking the amount of time off per year that is necessary for you to stay rested and focused? Y N

Do you have patients stopping care prematurely? Y N

Do patients regularly refer their families and friends to your practice? Y N

Do you retain staff long term? Y N

Do you feel you have control over your finances? Y N

Do you have a minimum of three months of personal and one month of practice overhead saved in case of injury or sickness? Y N

Do you believe your practice growth is reflective of your personal growth? Y N

Do you feel your goals are in alignment with your current actions? Y N

If your practice is stuck or has hit a plateau do you think it is due to your procedures? Y N

Or do you think it is because of your current personal skill set? Y N

Do you realize that having a coach/consultant will increase your chances of success and fulfillment? Y N

Will you try new things if what you are doing isn't working? Y N

Thank you for taking the time to provide us with this information. Please fax back all 3 pages to (562) 437-1440. Our dedicated staff will call you back at your earliest convenience to set up an appointment to speak with Dr. Dahan personally.

"A wise man turns chance into good fortune."