



How Healthy is Your Practice?

Find Out by Taking the Chiropractic Masters Practice Checkup

A COMPLIMENTARY EVALUATION - VALUED AT \$595!

Seminar Attended: _____

Doctor's Name(s): _____

Clinic Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____

		Circle One	Score
1.	Is your practice at its maximum new and weekly patient visit capacity?	Yes No	
2.	Are you growing your practice by at least 5 to 10% or more per year?	Yes No	
3.	Do you currently have a 12-month marketing plan?	Yes No	
4.	Are you monitoring your return on investment on your marketing expenditures?	Yes No	
5.	Is your practice currently profitable?	Yes No	
6.	Do you currently meet with your team weekly?	Yes No	
7.	Do you have an established weekly professional development/training program for your team?	Yes No	
8.	Are you witnessing an increase in your weekly patient visits?	Yes No	
	If no, which growth goal are you interested in achieving (ie, 500 Patient Visits/Week) 80 to 100 101 to 150 151 to 250 251 to 350 351 to 450 451 to 600		
9.	Do you currently use payment plans?	Yes No	
10.	Do your outside marketing programs include screenings, outside talks, patient referral programs, direct mail, and website?	Yes No	
11.	Do you currently re-invest more than 5% of your gross in personal and practice development?	Yes No	
12.	Do you implement corrective techniques that show demonstrable changes?	Yes No	
13.	Do your practice display areas include a subluxation station to demonstrate neurological changes?	Yes No	

14.	Are you currently performing a Doctor's Report (spinal health care class) before your report of findings to new patients?	Yes	No	
15.	Do you design and implement yearly wellness plans for your patients?	Yes	No	
16.	Does your office have a gifting program to generate at least 50% new patient referrals?	Yes	No	
17.	Are you utilizing training, policies, protocols and procedures to decrease your stress, increase your team morale, create a more efficient, high energy, fun, mission-based office and work less?	Yes	No	
18.	Do you have multiple profit centres such as orthotics, nutrition and massage that are generating \$10,000 + each month?	Yes	No	
19.	Are you currently performing daily rituals of exercise, meditation and power nutrition to create an abundance of energy and mental focus?	Yes	No	
20.	Have you created a 10, 20, 50 year dream list and goal list to be, do and have more in life?	Yes	No	
	Scoring: 5 points for a Yes; 0 points for a No		Score	/100

Please provide the following information to help us better serve you.

- Do you currently have a coach to help you create the practice of your dreams and an extraordinary quality of life? Yes No
- If you were to easily add 10, 25, or even 50 or more new patients a month, would you make an emotional commitment to make the changes needed to achieve these growth targets? Yes No
- If I continue with my practice in the direction it's going, I'll be financially independent in 3-5 years. Yes No
- Is a lack of new patients, income, life balance affecting your joy in practice; ability to do and have more in life; plan for retirement; provide the best for your children? Yes No
- How can we best help you as a coach?

- What is the number of hours you **currently** work weekly? _____ Would **like** to work weekly? _____
- What is the number of weeks of vacation you'll take this year? _____
- What is the number of weeks vacation you'd **like** to take each year? _____
- How much would you like to increase your net practice income in the next 12 months? \$ _____

Please check ONE of the following boxes:

- I'm ready for a coach, sign me up now
- I'm interested but have more questions
- I already have a coach. My contract expires in _____ months
- I'm not interested at this time, but please send me your free monthly "Masterminding Success" Newsletter

Once completed, please fax to Chiropractic Masters at 613-271-0554.

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