

# YES!

**Show Me How To Make More Money, Attract More New Patients, Reduce My Overhead, Make Passive Income, Buy Back More Personal And Family Time!**

# YES!

**SEND ME MY 2 OTHER COMPLIMENTARY GIFTS ALONG WITH MY ANALYSIS!**  
(Go To [www.chiropractic-masters.com](http://www.chiropractic-masters.com) NOW And Sign Up For Your Tri-Pack To Receive Your Free Marketing Report & "Dr Mike's Philosophy For Prosperity" Mp3)



<b>Seminar Attended:</b> _____
<b>Doctor's Name(s):</b> _____
<b>Clinic Name:</b> _____
<b>Address:</b> _____
<b>City:</b> _____ <b>State/ Prov.:</b> _____ <b>Zip/Postal Code:</b> _____
<b>Cell Phone:</b> _____ <b>Work Phone:</b> _____ <b>Fax:</b> _____
<b>E-mail:</b> _____ <b>Best Day/Time To Reach You:</b> _____

**A VALUE OF \$595.00**

## Start Your Masters Complimentary Evaluation Now!

*"On average, our clients increase their new patient flow by 180 per year, and increase their income by a minimum of \$150,000.00 in their first year!"*

	<b>SCORING: 5 POINTS FOR A "YES" AND 0 POINTS FOR A "NO"</b>	<b>Circle One</b>	<b>Score</b>
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 by 30% -50%?	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 visit average?	Yes No	
	If no, which growth goal are you interested in achieving in the next 6 to 12 months: 50 to 100 101 to 150 151 to 250 251 to 350 351 to 450 451 to 600 +	Yes No Yes No Yes No Yes No Yes No Yes No	
9.	Do you currently use payment plans vs pay per visit ?	Yes No	

10.	Does your outside marketing include screenings, outside talks, internal workshops, patient referral programs, direct mail, websites, SEO technology & social marketing?	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 and denerolls that show demonstrable changes?	Yes	No	
13.	Does your practice include an Insight Subluxation station or a CWAS to demonstrate neurological and wellness based changes?	Yes	No	
14.	Are you currently performing a Doctor's Report (spinal health care class) before your report of findings to new practice members?	Yes	No	
15.	Do you design and implement yearly wellness plans for your practice members?	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 staff morale, create a more efficient, high energy, fun, mission-based office and work less?	Yes	No	
18.	Do you currently have a coach, who has a proven method of success to help create the practice of your dreams and an extraordinary quality of life?	Yes	No	
19.	If you were to learn how to easily add 10, 20, 30, even 50 or more new patients a month, would you make an emotional commitment to make the changes needed in your practice to achieve these growth targets?	Yes	No	
20.	If you continue on your current course alone, will you be enjoying as much prosperity?	Yes	No	
			SCORE	/100

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

1. How can we help you as a coach? What would you ultimately like to achieve in the next 5-10 years?

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2. What is the number of hours you work weekly? \_\_\_\_\_

3. What is the number of hours you would LIKE to work weekly? \_\_\_\_\_

4. What is the number of weeks of vacations you will take this year? \_\_\_\_\_

5. What is the number of weeks of vacation you'd LIKE to take each year? \_\_\_\_\_

6. How much would you like to increase your net practice income in the next 12 months? \$\_\_\_\_\_

7. If I continue with my practice in the direction it's going, I'll be financially independent in 5-10 years. \_\_\_\_\_Yes \_\_\_\_\_No

**Please select one of the Following:**

\_\_\_\_\_ Yes, I am ready to take the next step in creating the practice and the life I want. I am interested in a coach.

\_\_\_\_\_ Yes, I am ready to take the next step in creating the practice and the life I want, but I need more information.

\_\_\_\_\_ Yes, I am ready to take the next step in creating the practice and the life I want, but I already have a coach and my contract expires in \_\_\_\_\_.



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