



39462 Jo Circle
 Elizabeth, CO 80107
 Phone: (303) 660-4390 Fax: (303) 660-4391

INITIAL QUESTIONNAIRE & GOALS

Please mail or fax this form for a complimentary evaluation

Dr. _____ W Phone: _____ W Fax: _____

Office Address: _____

Personal E-mail: _____ Office E-mail: _____ Website: _____

Nearest airport to office: _____ Drive time from airport to office: _____

1. Practice Data

Type of practice _____ Number of active patients _____

of Staff: Doctors _____ Hygienists _____ Assistants _____ Front Desk _____ Other _____

Treatment Rooms: Doctor _____ Hygiene _____ Other _____

Length of time in practice _____ At this location _____ Additional locations _____

Days open _____ Are patients seen these same times? _____

What dental software do you use? _____ How did you hear about us? _____

Date Range of Data:	Current Level	Desired Level	Achieved By
Production/ Year to Date	Dr.	Dr.	
	Hyg.	Hyg.	
Collection / Year to Date			
Collection Ratio (Collection/Production)			
Average Total Office Production/ Month			
Doctor Production/ Month			
Hygiene Production/ Month			
Days Worked / Week Dr & Hyg	Dr.	Dr.	
	Hyg.	Hyg.	
Doctor Vacation Days/Year			
Accounts Receivable Total			
Total Accounts Receivable Aged 61+ days			
Average New Patients/ Month			
Percentage of Patients in Recall			
Overhead Costs Percentage			
Labor Costs Percentage			
Current Doctor Income			
Doctor Retirement Contributions			

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2. Desired Changes

What are your top 3 concerns?

1.

2.

3.

Other concerns?

3. Goals & Monthly Monitoring

What are your goals for the practice and yourself?

What are the things that are keeping you from reaching those goals?

Does all of your staff know and understand the goals of the practice?

Are you monitoring the important practice vital signs monthly and discussing them at staff meetings?

4. Production

Last Year's Production: Total Practice \$_____ Doctor(s) \$_____ Hygiene \$_____

Are you satisfied with how your front desk staff is scheduling you each day? What's not working?

Does your front desk staff schedule for a production goal each day for each producer (Doctor & Hygiene)?

Are you reaching these goals?

Are you happy with the management of the new patient (Initial telephone contact, Comprehensive Exam and Treatment Acceptance)? If not, what would you like to improve?

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Does your front desk have an effective system for tracking treatment that has been diagnosed, but not completed?

Are you happy with your hygiene/recall system?

Are you happy with the hygiene/recall production?

Do you credit the recall exam to doctor or hygiene production?

When was the last time you analyzed your fees and/or had a fee increase?

Do you participate in any managed care programs? If so, what percentage of your patients participates? Are you satisfied with the programs you participate in?

Do you charge out full fee or discounted fees?

Do you perform hospital dentistry? If so, how often?

5. Collections/Accounts Receivables

Are financial arrangements properly offered, set up and followed through?

Are your over the counter collections at least 35% of production?

Are you happy with your billing system?

Are you happy with the insurance processing in your office?

Are you happy with the turnaround time and overdue payment tracking?

6. Customer Service & Internal Marketing

Are you satisfied with the professionalism of your staff? If not, what would you like to change?

Do you feel your front desk and clinical staff have effective communication skills with the patients? Example: handling the dissatisfied patient, explaining dentistry and answering clinical questions, marketing your services, building up your image as an excellent clinician?

Do you have an effective internal marketing program in place? What is it?

Do you have an effective external marketing program in place? What is it?

What high tech equipment do you use in the office? (i.e. intra oral camera)

7. Practice Business Plan

Have you ever figured out what your annual Break Even Point is for your practice to meet overhead expenses, capital improvements, and desired doctor income and retirement contributions?

Have you figured what the production split should be between the Doctor and Hygiene to meet the Break Even Point?

Do the staff member(s) that orders dental and front office supplies have a monthly budget to follow?

Do you have an annual budget (assigned percentage and dollar amounts) to the different expense areas in your overhead costs? Is this monitored to maintain expenses?

Are your expenses within the healthy standards?

8. Leadership

Do you hold Morning Meetings everyday? Are they effective? If not, why?

How often are staff meetings held? Do you feel they are effective? If not, why?

Has conflict between team members caused turmoil in the office? If yes, please explain.

Do you give regular staff performance reviews? If not, why?

And/or what is the hardest part of doing the review for you?

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9. Consulting Experience

Have you worked with a dental practice management consultant before? If yes, who?

What were your successes?

What didn't work?

10. Consulting Goals

List the top 5 things you would like Julie Weir Dental Practice Management to help you accomplish in your practice.

1.

2.

3.

4.

5.

Please feel free to attach any additional comments/thoughts that you would like to share.