



**GROWTH ASSESSMENT**

**DATE:** \_\_\_\_\_

Name (include degree) \_\_\_\_\_

Corporate Name (if applicable) \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip code)

Main Phone # \_\_\_\_\_ Back Line # \_\_\_\_\_ Fax Line # \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip code)

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Dentist:  General  Specialist (Specialty) \_\_\_\_\_

Sole Proprietorship  Partnership; if yes what %? \_\_\_\_\_  Corporation  Shared Space  Other \_\_\_\_\_

**FACILITY:**

\* Location:  High Rise  Strip Center  Stand Alone  Other \_\_\_\_\_

\*  Lease  Own Situation \* # of Treatment Rooms? Total \_\_\_\_\_ Doctor \_\_\_\_\_ Hygiene \_\_\_\_\_

**TECHNOLOGY:**

\* Dental Software:  No  Yes; Type \_\_\_\_\_ How long have you used this software? \_\_\_\_\_

\* Work Stations in Front Office?  No  Yes; how many? \_\_\_\_\_ Work Stations in ops?  No  Yes; how many? \_\_\_\_\_

**RECALL:**

\* # of hygiene days/wk: \_\_\_\_\_ Days/mo: \_\_\_\_\_ Total # of patients seen in last 12 mos. \_\_\_\_\_

\* 1<sup>st</sup> available appointment on hygiene schedule? \_\_\_\_\_

\* Pre-appointing 6 mos. in advance?  No  Yes % Pre-appointed \_\_\_\_\_

**SCHEDULING:**

\* Appointment scheduling is:  Manual  Computerized  10 minutes  15 minutes increments

\* 1<sup>st</sup> available appointment on doctor's schedule? \_\_\_\_\_ weeks.

**PRACTICE NUMBERS:**

\* Production Average per Month (last 6 mos.) \_\_\_\_\_

\* Collections Average per Month (last 6 mos.) \_\_\_\_\_

\* Total A/R=\$ \_\_\_\_\_ Over 90 days A/R? \$ \_\_\_\_\_

\* New Patients per Month (average for last 6 mos.) \_\_\_\_\_

**INSURANCE/PLANS:**

\* PPO's:  No  Yes; List \_\_\_\_\_ ; % \_\_\_\_\_

\* DMO's  No  Yes; List \_\_\_\_\_ ; % \_\_\_\_\_

\* Medicaid  No  Yes; List \_\_\_\_\_ ; % \_\_\_\_\_

**TEAM MEMBERS:**

Name

Position

Years Employed in Your Practice

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\* Is your Team motivated and enthusiastic?  No  Yes  
 Concerns: \_\_\_\_\_

\* Is there an associate in the practice?  No  Yes; how long? \_\_\_\_\_  
 \* Associate will be:  Employee  Partner  Other: \_\_\_\_\_

**MOTIVATION:**

\* Bonus/Profit Pay System?  No  Yes; explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \* Trips: \_\_\_\_\_  
 \* CE: \_\_\_\_\_  
 \* Other incentives: \_\_\_\_\_

**CASE ACCEPTANCE:**

\* Selling is done mainly by:  Doctor  Team  Team Member \_\_\_\_\_  
 \* Are intraoral cameras used in case acceptance?  No  Yes; Frequency: \_\_\_\_\_  
 \* Are digital photographs used in case acceptance?  No  Yes; Frequency: \_\_\_\_\_

**PLEASE LIST ANY PREVIOUS CONSULTANTS/COACHES YOU HAVE WORKED WITH:**

Name	Year
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

**PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT IS SPECIAL OR UNUSUAL TO YOUR PRACTICE THAT IS IMPORTANT FOR ME TO KNOW:** \_\_\_\_\_

# CURRENT MARKETING

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NEW PATIENT PACKET: Y N    CARE CALLS: Y N    ASK FOR REFERRALS: Y N  
NEWSLETTER: Y N    NEWSPAPER: Y N    RADIO/TELEVISION: Y N  
YELLOW PAGE AD: Y N    DIRECT MAIL: Y N    COUPONS: Y N  
DENTAL REFERRAL SERVICE: Y N    WEBSITE: Y N \_\_\_\_\_  
SIGNAGE: NONE    GOOD    BAD    ARE NEW PATIENTS TRACKED: Y N  
ARE THANK YOU CARDS OR GIFTS SENT TO REFERRING PATIENTS: Y N

HOW MANY SOCIAL MEDIA SITES ARE YOU ON AS A BUISNESS? \_\_\_\_\_

PLEASE LIST THEM \_\_\_\_\_

IF YOU HAVE A FACEBOOK FOR THE PRACTICE HOW OFTEN ARE YOU POSTING? \_\_\_\_\_

HOW MANY LIKES DO YOU HAVE \_\_\_\_\_ PLEASE ATTACH YOUR ANALYTICS REPORT.

IF YOU ARE ON LINKEDIN AS A PRACTICE, HOW MANY LINKS DO YOU HAVE? \_\_\_\_\_

IF YOU HAVE A TWITTER ACCOUNT, HOW MANY FOLLOWERS DO YOU HAVE? \_\_\_\_\_

IF YOU HAVE A GOOGLE+ ACCOUNT, HOW MANY PEOPLE ARE IN YOUR CIRCLES? \_\_\_\_\_

IF YOU HAVE A YOUTUBE ACCOUNT, HOW MANY VIDEOS ARE POSTED? \_\_\_\_\_

HOW MANY ONLINE REVIEWS DO YOU HAVE FOR THE OFFICE? \_\_\_\_\_ PLEASE LIST THE SITES WHERE THEY CAN BE FOUND. \_\_\_\_\_

HAVE YOU DONE ANY DIRECT TO THE PUBLIC PATIENT EVENTS? IF YES PLEASE LIST

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HAVE YOU DONE ANY COMMUNITY EVENTS? IF YES PLEASE LIST: \_\_\_\_\_

DO YOU HAVE A DENTAL APP? IF SO WHICH ONE? \_\_\_\_\_

DO YOU DO ANY EVENTS OR PROGRAMS FOR THE LOCAL SCHOOLS? IF SO DESCRIBE:

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DO YOU HAVE A CULTURE/ENVIROMENT IN YOUR OFFICE THAT IS UNIQUE OR SPECIAL, IF SO DESCRIBE? \_\_\_\_\_

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OTHER MARKETING EFFORTS \_\_\_\_\_