

FREE PRACTICE EVALUATION

We would appreciate the opportunity to speak with you regarding the future of your practice to determine if our coaching program is right for you. Please complete this evaluation and fax it directly to me, Dr. Joe @ 315-699-2596. After receiving your fax I will call you personally for a complimentary 15 minute video SKYPE call and consultation.

Thank you for the opportunity to serve you, *Dr. Joe*

FAX COMPLETED PRACTICE EVALUATION FORM TO: 315-699-2596

Dr. Name: _____ Spouse: _____ Children: _____

Address of Office or Home: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Fax #: _____

Cell Phone #: _____ Email: _____

Are you a Student? _____ How many year(s) in practice? _____

College you graduated from? _____ Year: _____

Average number of new patients you attract each month? _____

Average number of office visits you see per month? _____

What are your average collections per month? _____

Average time you spend with the each patient? _____

Do you have an associate and/or partner? Yes _____ No _____

What are the three biggest challenges in your practice?

1. _____

2. _____

3. _____

What changes do you want to make in your practice?

Are you living the lifestyle you hoped for? Yes ___ No ___

What benefits do you expect from our coaching program?

1. _____

2. _____

3. _____

Do you currently have a coach? Yes ___ No ___

Have you been with a coach in the past? Yes ___ No ___

If yes who? _____ When: _____

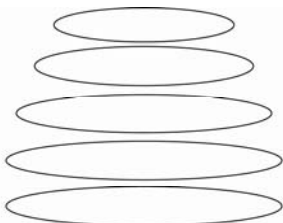
What level of interest do you have in joining our coaching program?

_____ I'm Ready - Let's Rock!

_____ Very interested but not sure who to work with?

_____ Somewhat interested but unsure it will benefit me.

_____ Not interested at this time.



DR. JOE BORIO
CONSULTING COACH

866-441-7928

www.chiropassionconsulting.com

drborio@cnyemail.com

CHIROPASSION CONSULTING, LLC.