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Dr. _____ Address: _____
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This questionnaire is designed to help you determine if you are building a practice fueled by the need to pay the monthly bills or sowing the seeds of a solid practice/business that will care for your patients and provide for your family in the years to come.

Last Three Months Averages:

New patients/month	_____	Business overhead/month	_____
Patient visits/month	_____	Personal overhead/month	_____
Production/month	_____	Total overhead/month	_____
Collections/month	_____		

Where Would You Like To Be In One Year:

New patients/month	_____	Business overhead/month	_____
Patient visits/month	_____	Personal overhead/month	_____
Production/month	_____	Total overhead/month	_____
Collections/month	_____		

What are the "top" three things that need to change to achieve the practice you would like to have in one year?

1. _____ 2. _____ 3. _____

What is your plan: (use a blank page if you need to) _____

Professional: Yes /No

- | | |
|---|-------|
| 1. Are you happy being a dentist? | _____ |
| 2. Is there a need in your city for dental services? | _____ |
| 3. Are you respected by members of your community? | _____ |
| 4. Are you respected by other dentists in your community? | _____ |
| 5. Are you respected by other health care professionals? | _____ |
| 6. Do people listen to you? | _____ |
| 7. Are patients embracing what you advocate? | _____ |
| 8. Do you feel qualified to be in business for yourself? | _____ |
| 9. Do you have confidence in the future of dentistry? | _____ |
| 10. Do you have confidence in your future? | _____ |
| 11. If you could do it over again would you become a dentist? | _____ |

Personal:

- 1. Is your personal and professional life in balance? _____
- 2. Are you happy with the relationship you have with your spouse? _____
- 3. Are you happy with the relationship you have with your kids? _____
- 4. Do you have enough free time to do the things you want to do? _____
- 5. Are you happy? _____
- 6. Are you experiencing excessive amounts of stress? _____
- 7. Are you physically healthy? _____
- 8. Are you emotionally healthy? _____
- 9. Are you spiritually healthy? _____

Financial:

- 1. Are you current with your income taxes? _____
- 2. Are you current with your payroll taxes? _____
- 3. Are you current with your student loans? _____
- 4. Are you in debt? (Excluding your mortgage) _____
- 5. Is your collection ratio above 90%? _____
- 6. Are your receivables current? _____
- 7. Do you decrease your fees, wave the co-payment or deductible? _____
- 8. Are you set up to successfully process the cash patient? _____
- 9. Are you able to provide for your family's financial needs? _____

Practice Building:

- 1. Do you have an internal and external marketing plan? _____
- 2. Do you have a dedicated referral program? _____
- 3. Do your patients stay, pay and refer? _____
- 4. Are you surprised when patients choose care? _____
- 5. Is your financial report based on personal value? _____
- 6. Is your report of findings based on personal value? _____
- 7. Are you effective at managing patient "buyer's remorse"? _____
- 8. Do you treat your patients first and their conditions second? _____

Staff Management:

- 1. Are you effective at hiring the right person? _____
- 2. Are you effective at training and motivating your staff? _____
- 3. Does your staff feel they are treated and paid fairly? _____
- 4. Is the attitude of your staff positive and service focused? _____
- 5. Is your staff focused on practice-building? _____

Integrity:

- 1. Are exams/diagnoses/treatment schedules based on patient needs? _____
- 2. Are fees, billings and reports without exaggeration? _____
- 3. Are your verbal and written communications honest? _____
- 4. Would you refer someone you love to a dentist who practices the way you do? _____
- 5. Would you trust someone you love to a dentist who runs his/her business the way you do? _____

By answering these questions you help me... help you!