



**WARD**

**- Success Systems**

Ultimate Coaching

3000 Danville Blvd., Suite 508 ~ Alamo, CA 94507 ~ (925) 855-1635 ~ (925) 855-1637 Fax

## How Healthy Is Your Practice?

Find Out By Taking the Ward Success Systems Practice Checkup

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ cell: \_\_\_\_\_

Circle One Score

1.	Is your practice at its maximum new and weekly visit capacity?	Yes No	
2.	Are you growing your practice by at least 5-10% 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?	Yes No	
5.	Is your profit currently profitable?	Yes No	
6.	Do you currently meet with your team weekly?	Yes No	
7.	Do you have a weekly training program in place for your team?	Yes No	
8.	Are you witnessing an increase in your patient weekly patient visits?	Yes No	
	If no, which growth goal are you interested in achieving? (pts per week) 80-100    101-150    151-250    251-350    351-450    451-600    +600		
9.	Do you currently use payment plans?	Yes No	
10.	Does your marketing include outside talks, referral programs, website?	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 progress/re-evaluation procedures to demonstrate change in patient's overall well being?	Yes No	
13.	Are you currently performing a spinal care class to your new patients	Yes No	
14.	Do you have family plans and wellness plans in place for your patients?	Yes No	

15.	Are you utilizing training, policies, systems, and procedures in the practice to decrease your stress, increase team morale, create an efficient, high energy, mission based office having more fun?	Yes	No	
16.	Are you currently performing daily rituals of exercise, affirmations and nutrition to create an abundance of energy and mental focus?	Yes	No	
17.	Have you created a 5, 10, 25 year dream and goal list to be, do, have more in life?	Yes	No	
18.	Do you have a consistent patient education system in place?	Yes	No	
19.	Are your patient's spouses attending the Report of Findings?	Yes	No	
20.	Are your CA's enthusiastic and excited about serving more people?	Yes	No	
<b>Scoring: 5 points for Yes 0 points for No</b>				

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

- Do you currently have a coach to help you create the practice of your dreams and an extraordinary quality of life?  Yes  No
- If you were to easily add 10-20 more new patients in a month, would you make an emotional commitment to make the changes needed to achieve these growth targets?  Yes  No
- If I continue with my practice in the direction it's going, I'll be financially independent in 3-5 years.  Yes  No
- Is a lack of new patients, income, life balance affecting your joy in practice; ability to do and have more in life, plan for retirement, provide the best for your children?  Yes  No
- How can we best help you as a coach?

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- What is the number of hours you **currently** work weekly? \_\_\_\_ What would you like to work weekly? \_\_\_\_
- What is the number of weeks vacation you'll take this year? \_\_\_\_\_
- What is the number of weeks vacation you'd **like** to take each year? \_\_\_\_\_
- How much would you like to increase your net practice income in the next 12 months? \_\_\_\_\_

**Please check one of the following boxes:**

- I'm ready for a coach, sign me up now  I'm interested but have more questions
- I already have a coach. My contract expires in \_\_\_\_\_ months
- I'm not interested at this time, but please keep me on your mailing list.