



www.TLC4Superteams.com

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## Practice Breakthrough Assessment

*Thank you for taking the time to engage in this assessment process. I value how precious time is and that your engagement with us is a choice. My intention upon reviewing what you share on this assessment is to thoroughly provide as insightful and beneficial an exchange as possible for you during our telephone conversation.*

**Please Print**

Practice name: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is Spouse a Chiropractor? \_\_\_\_\_

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

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

Practice #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ What year did you graduate chiropractic school? \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

Please name any additional TLC members you know: \_\_\_\_\_

Years in your present practice \_\_\_\_\_ Did you open this practice? \_\_\_\_\_

If no, please explain your "story in practice":

\_\_\_\_\_

**Please list names of all Associate Doctors.**

\_\_\_\_\_

\_\_\_\_\_

**Team Members:**

Name

Zone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are your present practice statistics?**

NPs/mo: \_\_\_\_\_ OV's/mo \_\_\_\_\_ Services \_\_\_\_\_ Collections \_\_\_\_\_

**What are your goals for these practice statistics (within the next 6 months)?**

NPs/mo: \_\_\_\_\_ OV's/mo \_\_\_\_\_ Services \_\_\_\_\_ Collections \_\_\_\_\_

**1. What personal strengths do you see yourself bringing to your life?**

**Personally:** \_\_\_\_\_

**Professionally:** \_\_\_\_\_

**2. Does your practice life spill over into your personal life on evenings or weekends?**

**If so how often and explain;** \_\_\_\_\_

**3. Do you provide weekly Spinal Workshops? (separate & distinct from patient orientation) Yes \_\_\_ No \_\_\_ Other? \_\_\_\_\_**

**4. Do you provide weekly team trainings (45-60 minutes)? Yes \_\_\_ No \_\_\_**

**5. Do you do 1 on 1 meetings? Yes \_\_\_ No \_\_\_**

**6. Have you been a part of any other coaching/management company?**

**Company Name** \_\_\_\_\_ **# of years** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **# of years** \_\_\_\_\_

**7. Please write your exact daily practice hours.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.						
P.M.						

**8. Gross outstanding debts (please be as accurate as possible):**

<b>PERSONAL</b>
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<b>PROFESSIONAL</b>
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**9. On a scale of 0-10, 10 being your best score, please assess how you believe you are performing in the following 12 areas of practice and personal life:**

_____ <b>Promotions and Marketing</b>	_____ <b>Science &amp; Philosophy</b>	_____ <b>Business Planning</b>
_____ <b>New Patient Process</b>	_____ <b>Patient Financials</b>	_____ <b>Leadership</b>
_____ <b>Team Driven Practice</b>	_____ <b>Belief and Mindedness</b>	_____ <b>Capacity</b>
_____ <b>Balance</b>	_____ <b>Patient Care and Outcomes</b>	_____ <b>Retention</b>



10. What do you believe is your greatest challenge you are currently experiencing in your practice?

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11. What do you experience as any other challenges you would wish to share with me?

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12. If you were to prioritize your challenges, what would you define to be the most significant?

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13. If your dreams were to become true, over the next several years, what would they look like in your life?

Personal

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Professional

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Thank you for your time, I look forward to speaking with you.



**Your Heart Coach,**

*Sean H. Stefan, Ph.D.*

CEO & Co-Founder  
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