



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? \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Team Members:**

Name

Zone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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 \_\_\_\_\_

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>
<b>PROFESSIONAL</b>

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:

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



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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