

Clinic & Therapist (Provider) Questionnaire

(Note: all information will be kept strictly confidential)

Please print or write legibly; ★ your preferred address, phone, email.

When done, please fax to 352-336-9980, or scan and email to larryw@clearpassage.com

Your name _____	Clinic Name _____
Occupation _____	Address _____
Address _____	_____
_____	_____
Best phone _____	Phone: _____
email: _____	email: _____
_____	_____

Clinic profile

Clinic setting or type (check all applicable)

- | | |
|--|---|
| <input type="checkbox"/> Sole provider outpatient clinic | <input type="checkbox"/> Hospital based outpatient clinic |
| <input type="checkbox"/> Private clinic, multiple providers | <input type="checkbox"/> Infertility clinic (type) _____ |
| <input type="checkbox"/> Gyn or MD clinic (type) _____ | <input type="checkbox"/> DC or ARNP office _____ |
| <input type="checkbox"/> Multi-disciplinary clinic (types) _____ | <input type="checkbox"/> other _____ |

Give the components of your professional staff (e.g. 1 PT, 2 PTAs, 1 MD, 3 MTs) _____

Do you have a web site? Y / N URL? _____

How many hours a month do you or your staff spend marketing? _____

What percentage of your patients come to you either 'word of mouth' or self-referred? _____

What percentage of your monthly income paid in full, in cash, at or before each visit ?
.....(excluding deductibles & co-pays)

Percentage of managed care visits monthly

Percentage of visits for which you submit insurance claims

Man-hours you & your staff spend weekly verifying insurance benefits

Average # of clinic treatments per week _____

Your personal # of treatments per week _____

Average charge per treatment hour _____

Average income per treatment hour _____



Provider profile

What is your professional designation? (MD, PT, DC, etc.) _____

Professions of your best manual therapists? How many of each? _____

Who does your marketing? _____

Rate your comfort level (5 being highest) with:

	Hi					None
Treating chronic pain patients	5	4	3	2	1	0
Treating pelvic pain	5	4	3	2	1	0
Manual soft tissue skills.....	5	4	3	2	1	0
Marketing physicians	5	4	3	2	1	0
Explaining your treatment to patients and their families	5	4	3	2	1	0
Public speaking	5	4	3	2	1	0
Granting media interviews	5	4	3	2	1	0
Do you have any experience giving internal (vaginal or rectal) treatments?						Y / N
If you had the training, could you get comfortable giving internal treatments (gloved hand)?						Y / N
On average, how many internal pelvic treatments do you perform monthly? _____						yearly? _____

Computer skills

Do you have a computer? Y \ N Mac\PC\both

Rate your comfort level (5 being highest) with:

	Hi					None
Basic computer skills, word processing (name program)	5	4	3	2	1	0
Database computer skills (name program, if you have one)	5	4	3	2	1	0
Spreadsheet computer skills (name program, if you have one)	5	4	3	2	1	0
Sending & receiving emails	5	4	3	2	1	0
Sending & receiving email attachments	5	4	3	2	1	0
Surfing the web	5	4	3	2	1	0

Describe any close relationships with gynecologists or other MDs _____

Your goals

Manual treatment of female infertility has several fascinating elements and possibilities. We'd like to orient our program to your needs and goals. Please rate your interest in each of the following:

Rate the importance to you of each of these elements (5 being highest):	Hi	None
Financial independence	5	4 3 2 1 0
Increasing patient numbers	5	4 3 2 1 0
Keeping my practice small and personal.....	5	4 3 2 1 0
Working closely with another staff member to provide therapy	5	4 3 2 1 0
Developing or increasing my women's health program.....	5	4 3 2 1 0
The miracle of helping to 'give life'	5	4 3 2 1 0
Conducting research	5	4 3 2 1 0
Authoring case studies	5	4 3 2 1 0
Addressing the public	5	4 3 2 1 0
Developing a self-referred patient base	5	4 3 2 1 0
Developing more 'word-of-mouth' referrals	5	4 3 2 1 0
Creating strong bonds with one or more gynecologists	5	4 3 2 1 0
Creating strong bonds with one or more other MDs.....	5	4 3 2 1 0
Creating a unique niche for my practice.....	5	4 3 2 1 0
Creating a unique niche for myself.....	5	4 3 2 1 0
Spending more 'hands on' time.....	5	4 3 2 1 0
Spending less time with insurers	5	4 3 2 1 0
Treating motivated patients	5	4 3 2 1 0
Developing positive press stories about my practice	5	4 3 2 1 0

What are your personal and professional goals for the next 12 months? _____

What will your personal and professional life look like in five years? _____

What makes you feel most fulfilled at the end of the day (week)? _____

Demographics

In order to assess your potential for success, we need some idea of the population you may serve. Your infertility referrals will likely be a combination of self-referred and physician-referred patients.

Direct referrals

How many physicians refer to you annually? _____

How many physician referrals do you get a month? _____

How many self referrals do you get a month? _____

What conditions do you treat most commonly? _____

What percentage of your patients are chronic pain patients? _____

What percentage of your patients are pelvic pain or 'women's health' patients? _____

Which conditions do you prefer to treat? _____

What special patient types are referred to you? _____

Assuming you could both make very good money and treat patients well, is there a gynecologist or other MD who might be interested in developing a long term program with you,?Y / N / maybe

Nearby Population Centers

This next section may be completed in part, for now, since it may take time to gather all of the information. Free demographic information for any address in the USA is available at:

<http://www.freedemographics.com/>

(for now, just give your best answer)

Name & driving time to closest large city _____

Name & driving time to next closest large city _____

Total population within 30 minute drive _____

Total population within one hour drive _____

Total population within two hour drive _____

Nearest airport(s), driving time _____

Airlines which serve airport(s) _____

Is there anything you'd like to ask or anything else you'd like us to know? _____
