

## Practice Questionnaire

This questionnaire is designed for those clients who are serious about taking the next step towards building their business with virtual assistance. Our services are quite unique and absolutely cutting edge. We only desire to serve those clients who have a genuine desire to expand their businesses to their next level of excellence.

How many years have you been a practicing?  
What got you interested in practice?

Are you a solo practice or do you have more than one doctor in the office?

How large is your supportive staff?

Do you want to grow your Chiropractic Practice?

Do you promote nutrition in the office?

Do you consult with patients on nutrition?

Mark the following that apply:

Consult via person

Consult via phone

Consult via skype or other internet means

If you do promote nutrition, for how long have you been practicing nutrition?

Are you active on any social media account?

If yes, please specify which ones

Facebook

Twitter

Instagram

Youtube

Pinterest

LinkedIn

Others

How frequent do you post on social media?

Do you want to expand your nutrition practice?

How about virtually?

If yes, kindly mark the following that apply:

Consult with patients remotely by skype

Consult with patients remotely by other internet means, please identify

Are you automated in the office? Mark which apply:

Intake forms are electronic

Forms active on your web site

Patients can book on your web site

You can communicate with your patients electronically on a HIPAA compliant platform such as a

Customer Resource Management Program

Name:

Contact information:

Skype ID:

Practice:

Website URL: