Dental Excellence Advisory

Helping Dental Practices Grow...
one tooth, one quadrant & one arch at a time.

Dental Excellence Advisory
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NON-OWNER DOCTOR QUESTIONNAIRE

Dr._____ Circle: Associate Specialist

Specialty_____

Name of Practice_____

Your work schedule: Mon____Tue_____Wed_____Thur_____
Fri____ Sat_____Sun_____

How do you prefer to be contacted to schedule calls with our coaches?
____ at work _____ on cell phone/texting ____email?

Work #_____ Cell #_____ Email_____

What are the 3 things you like most about your practice?

1. _____

2. _____

3. _____

What are your top 4 concerns for your practice?

1. _____

2. _____

3. _____

4. _____

What are the top 3 things you would like to change for your practice?

1. _____

2. _____

3. _____

What are the obstacles to making these changes?

1. _____

2. _____

3. _____

How often are team meetings held? _____ Are they effective? _____

Has conflict between team members caused turmoil in the office? _____

Do you feel that gossip sometimes interferes with the culture of the office? ____
Explain: _____

LEADERSHIP

Do you attend morning meetings every day? _____ Are they effective? _____

If not, why? _____

How often are team meetings held? _____

Do you feel that they are as effective as they could be? _____

How could they be improved? _____

Has conflict between team members caused turmoil in the office? _____

If yes, please explain? _____

TEAM

Rate the morale of the team: HIGH MODERATE LOW

Rate **YOUR** level of enthusiasm in the office: HIGH MODERATE LOW

Note specific concerns about any team member and the way that they are

performing their job. _____

CONSULTING EXPERIENCE

Have you ever worked with a practice management consultant before? _____

If yes, who and when? _____

What were your successes? _____

_____

What didn't work? _____

_____

List the top 5 things that you would like Dental Excellence Advisory to help you accomplish in your practice.

1. _____

   _____

2. _____

   _____

3. _____

   _____

4. _____

   _____

5. _____

   _____

Please feel free to attach any additional comments/thoughts that you would like to share. All information submitted will be held in the strictest confidence.

Dr. Signature_____ Date_____