



**Dental
Excellence
Advisory**

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

Dental Excellence Advisory

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TEAM MEMBER QUESTIONNAIRE

Name _____ Circle: Dr Hyg Admin Assist

Name of Practice _____

Your work schedule: M _____ T _____ W _____ Tr _____ F _____ 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 _____

How long have you worked at this practice? _____ How long in Dentistry? _____

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

1. _____
2. _____
3. _____

What are your top 3 concerns for your practice?

1. _____
2. _____
3. _____

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? _____

If yes, explain: _____

Is there anything that prevents you from referring new patients to the practice? _____

If yes, explain: _____

TEAM

Rate the morale of the team: HIGH MODERATE LOW

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

Rate **YOUR** level of satisfaction with YOUR
Job HIGH MODERATE LOW

What is your greatest strength in the office? _____

What are your team's greatest strengths and weaknesses? _____

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.

Signature _____ Date _____