

The Pettibon System™

Proven spine and posture correction

Attention:
Sharon Freese-Pettibon, President
3214 50th St Ct Suite 102C
Gig Harbor, WA 98335
FAX: 800-738-4266

Doctor's Confidential Questionnaire

Your responses will be kept in strict confidence and will not be shared with anyone else--either in or outside of our company. Be candid. This is about YOUR success. I don't care if you want to see 100 patients a week or 1,000. Isolated quantitative numbers do not measure success. Success is the achievement of meaningful goals that only you can define. Please note that input from your spouse or significant other is required for a question relating to your financial planning. Keep each reply clear and concise.

Your name: _____

E-mail: _____

Name & Address of your clinic: _____

1. **A.** What would you like to immediately add to your practice? **B.** Why? **C.** What are the roadblocks to this happening?

2. **A.** Are you currently paying someone to coach/consult with you? **B.** What 'positives' does this bring to you personally? **C.** What 'positives' does this coaching/consulting bring to your practice? **D.** What are the gaps, disappointments, deficiencies?

3. **A.** What's the name of your spouse or significant other? **B.** What's your long-range financial plan?

4. Do you have a policy Manual?

5. List the name, the date of hire, brief position description and pay for each person who works.

6. What financial reward system do you have in place that ensures keeping staff long-term?

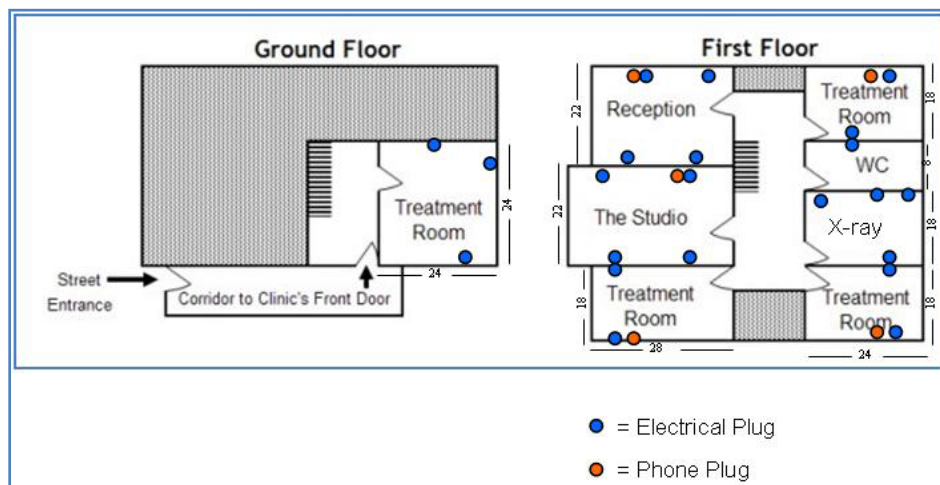
7. What parts of The Pettibon System have you incorporated into your clinic to-date?

8. What challenges do you believe you face in applying The Pettibon System or integrating The Pettibon System into your clinic and life?

9. What is the ONE thing we can assist you with today?

10. Would you like help with your physical plant? If 'yes', send by fax this completed form AND a floor plan that includes the following (graph paper included, if needed):

- Dimensions of the building
- Rent or lease or own
- Location of weight bearing walls
- Plumbing (if known or raw building)
- Electrical, Phone and Cable Plugs
- Circuit Box, 220V outlets
- Entry area clearly defined
- Location of x-ray room equipment OR what is 'outside' the building on ALL sides if you need a build-out to include the x-ray equipment
- What is each room presently used for



(Example)

Additionally, note on a separate piece of paper:

- Current patient flow chart
- Current patient numbers (not inflated please!)

Complete information and either Fax, mail or e-mail to:

The Pettibon System
Attention: Sharon
3214 50th St Ct, Suite 102C
Gig Harbor, WA 98335

888-774-6258
800-738-4266 FAX

spettibon@pettibonsystem.com

