

GENERAL INFORMATION

Name:

Date:

SECTION 1

What is your main goal in attending this mentorship program.

On a scale of 1 to 10, where do you rate your priority to making change? Are you able to complete 2-3 hours of work per week for the mentorship?

Yes No

Are you willing to try new things and push your comfort level if it means completing required tasks for mentorship?

Yes No Not Sure

List the top 3 things you want to change most about your practice:

SECTION 2

Do you have a good understanding of the following:

Number of patient visits per week for the past 3 months:

Yes No

Number of new patients per week for the past 6 months:

Yes No

Average number of visits completed per patient for the past 6 months:

Yes No

Number of "1 and done" patients for the past 6 months:

Yes No

Percentage of patients that complete treatment plans:

<25% 25-50% 50-75% 75+%
I don't use or offer treatment plans

SECTION 3

What describes your current practice status? Check all that apply:

- New graduate, just starting out
- I work in someone else's practice and want to go out on my own
- Practice has plateaued / not growing
- Busy but hectic and scattered
- Doing ok but want to get to the next level
- Not enough patients and struggling to make ends meet
- Busy but struggling to make ends meet
- I am considering leaving the profession because I can't make ends meet
- Need a new fresh start
- Ready to specialize or focus on only treating certain conditions or patients
- Working too much/Getting burned out
- Need to revamp my clinic flow to make it more efficient
- Need to rebrand myself
- Want to start an online or side business
- Currently have an online or side business that I want to grow

Thank you.

Josh

ASE Seminars LLC

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Save the completed application and email it to support@aseseminars.com.