

Dr Tony Hanks  
Optometrist

# Downloads - What Pts Want



## What Patients Want

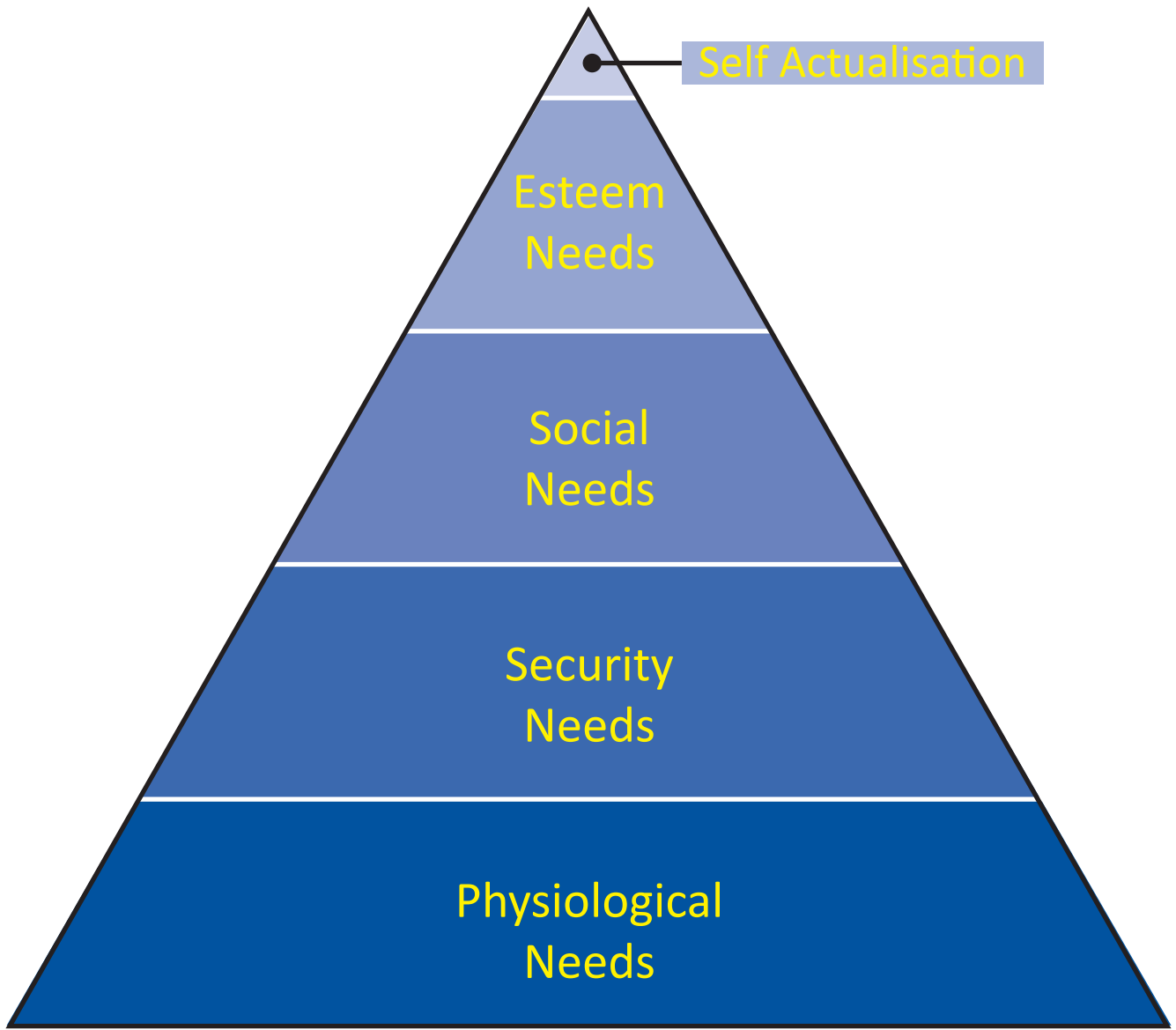
**Number 11.01 - 19 Aug 2010**

**Notice:**

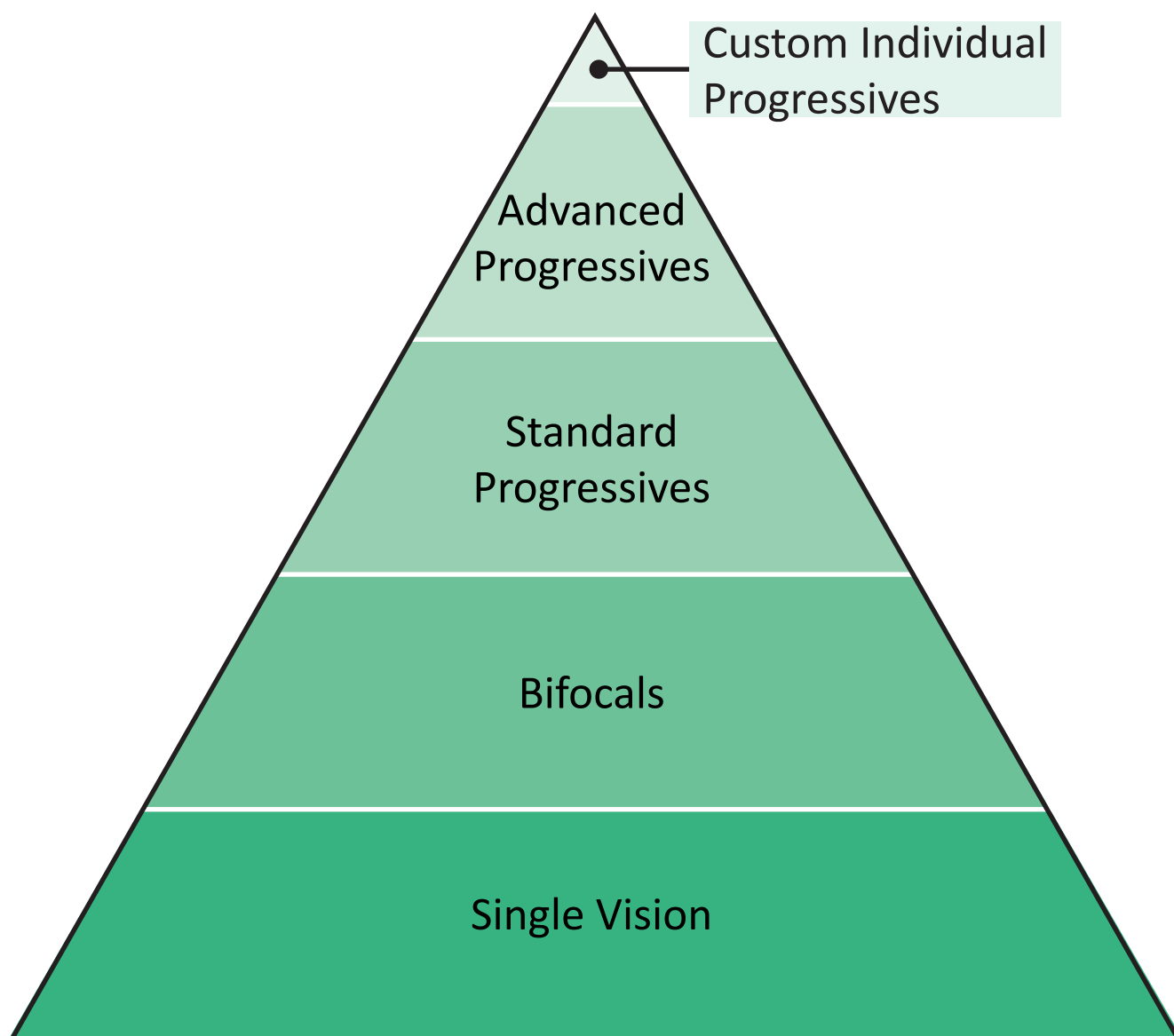
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Downloaded from: [www.hanksresources.com.au](http://www.hanksresources.com.au)

Hanks Optometry Trust  
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Australia

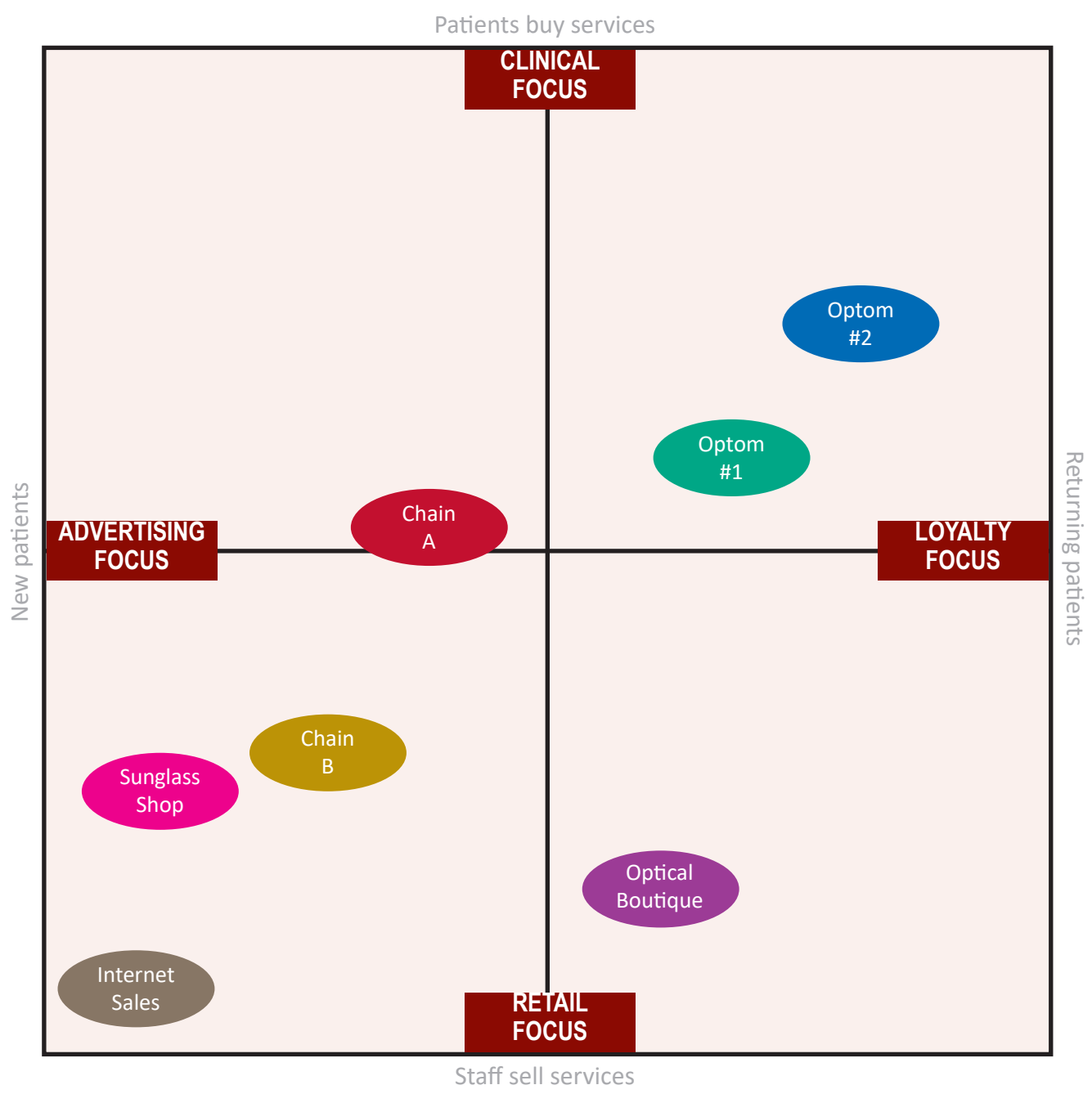


*The classic “Maslow’s Heirarchy”*

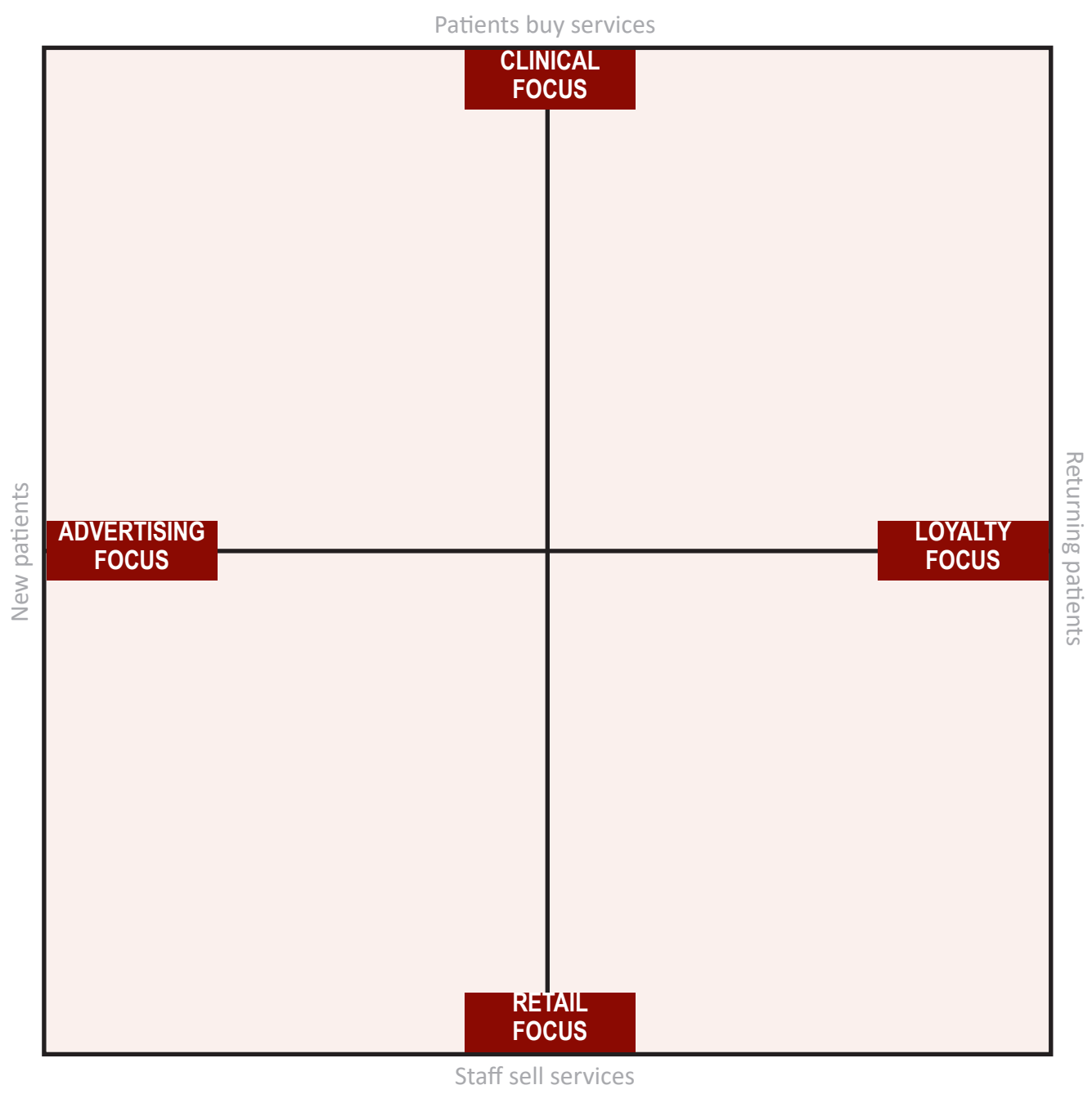


*Example - Presbyopes' Hierarchy in a developed country*

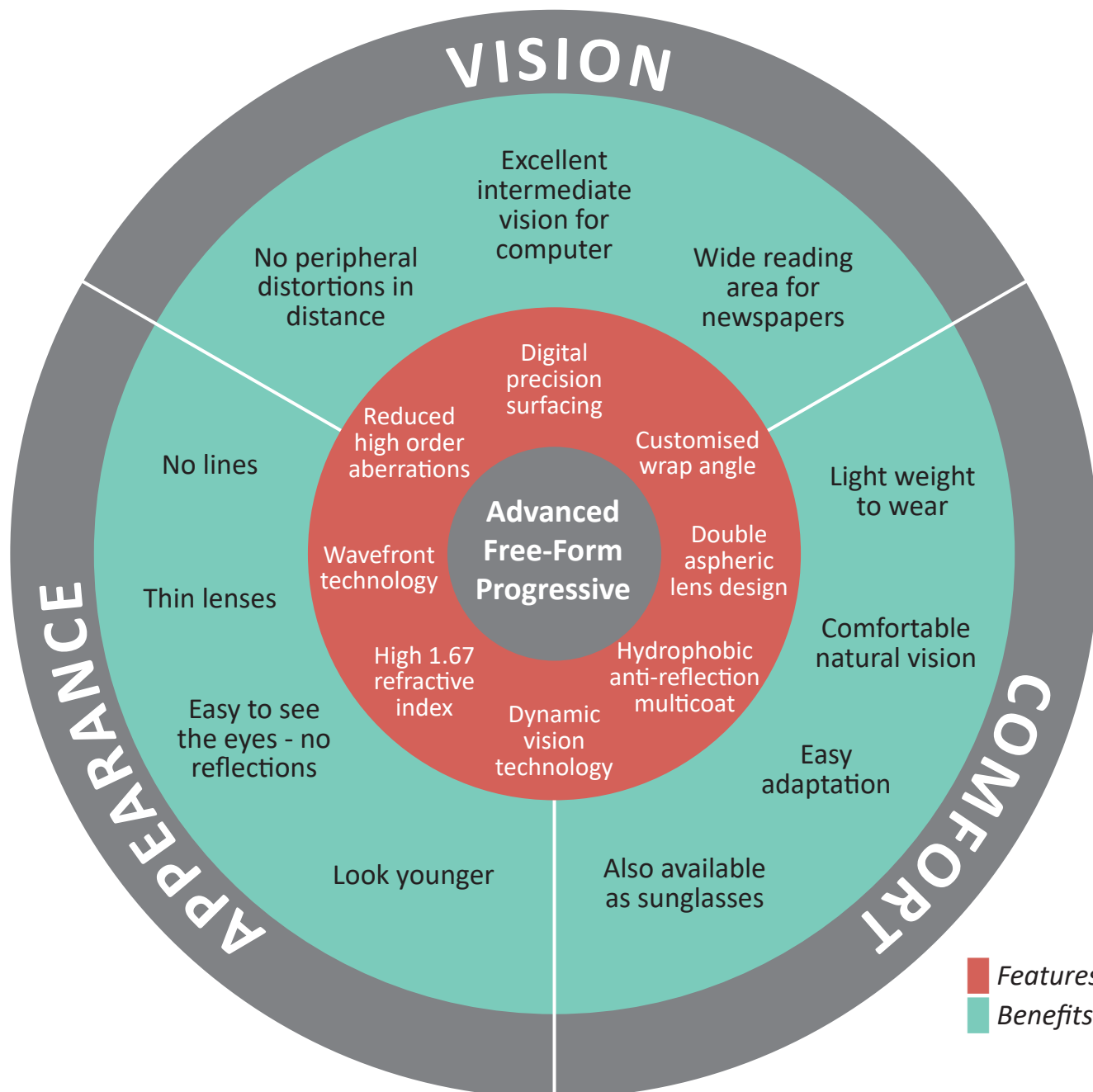
# Positioning Map - Example



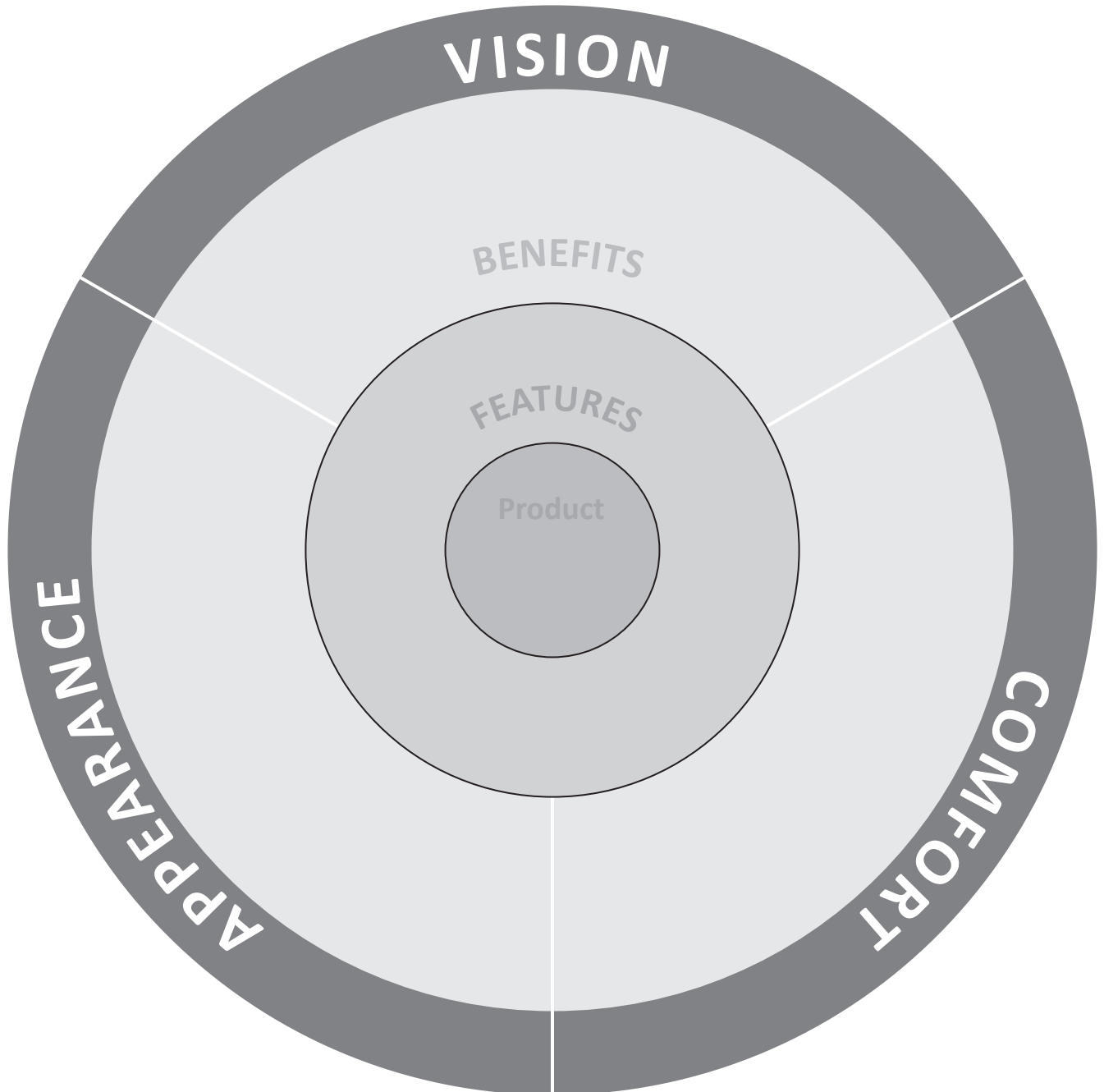
# Positioning Map



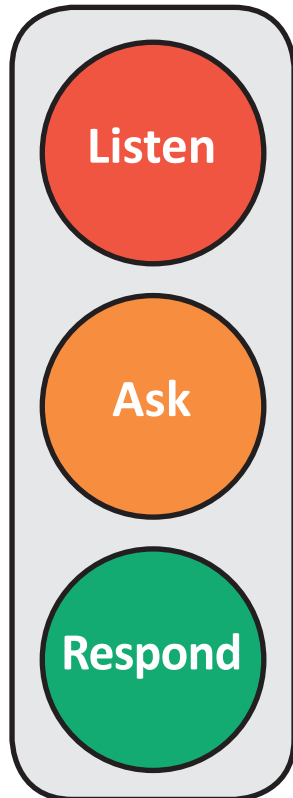
## Features & Benefits - Example



# Features & Benefits



# Listen - Ask - Respond



**Listen**

**Stop** and *Listen* for concerns.

**Ask**

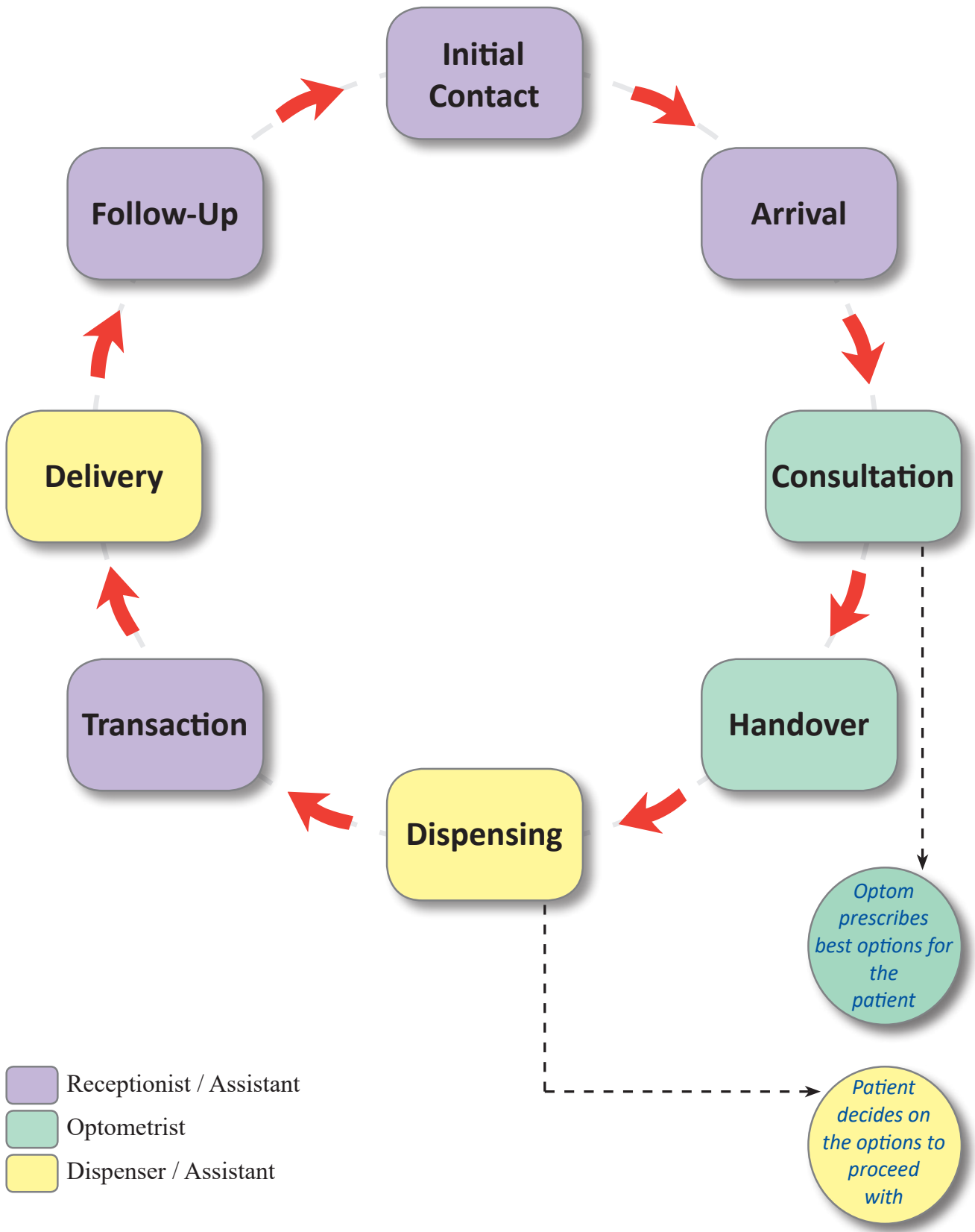
*Ask* questions to understand & acknowledge. **Wait** for answers.

**Respond**

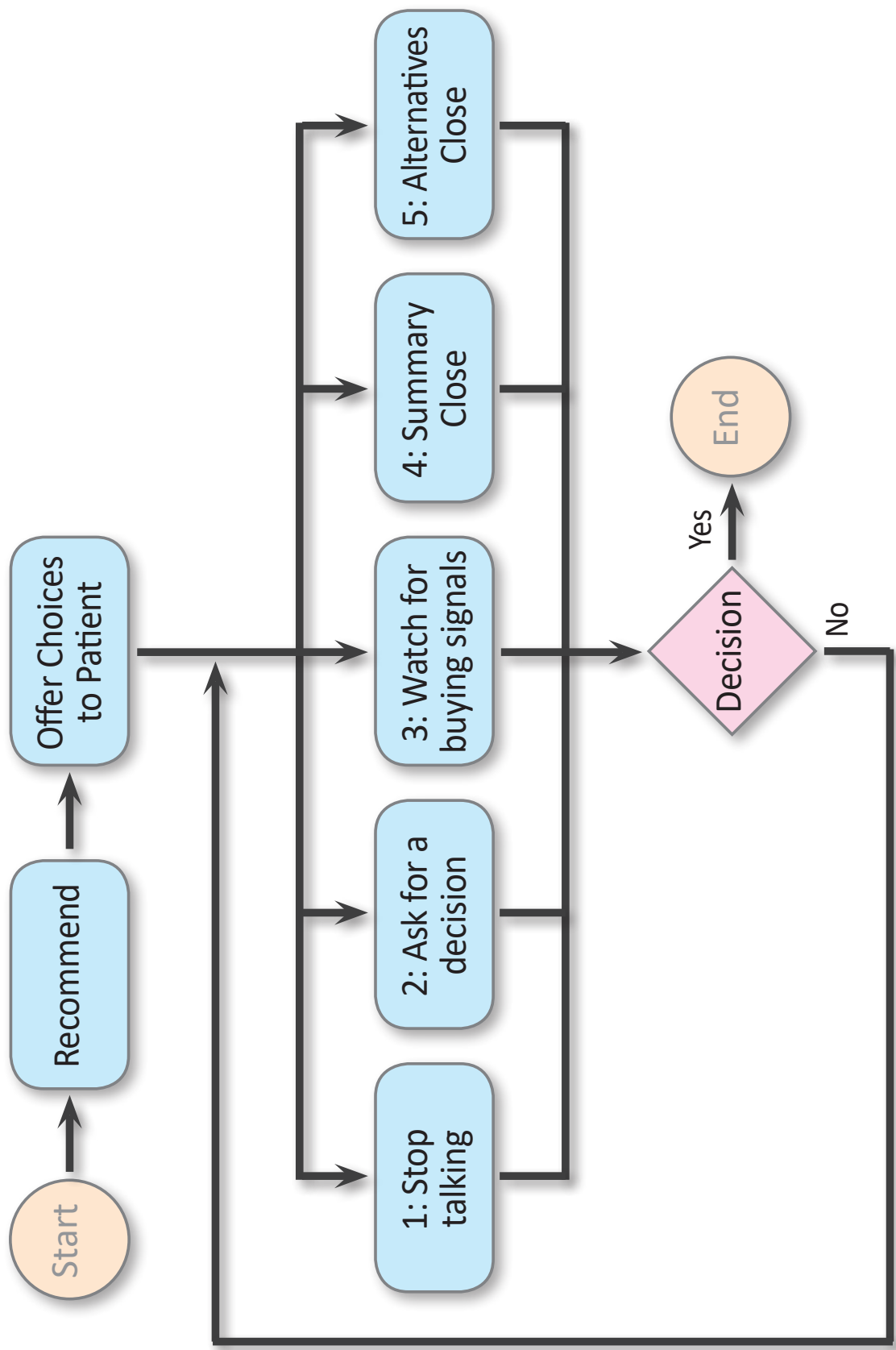
**Go** ahead and *Respond* with suggestions to address the concerns.



# The Patient Cycle

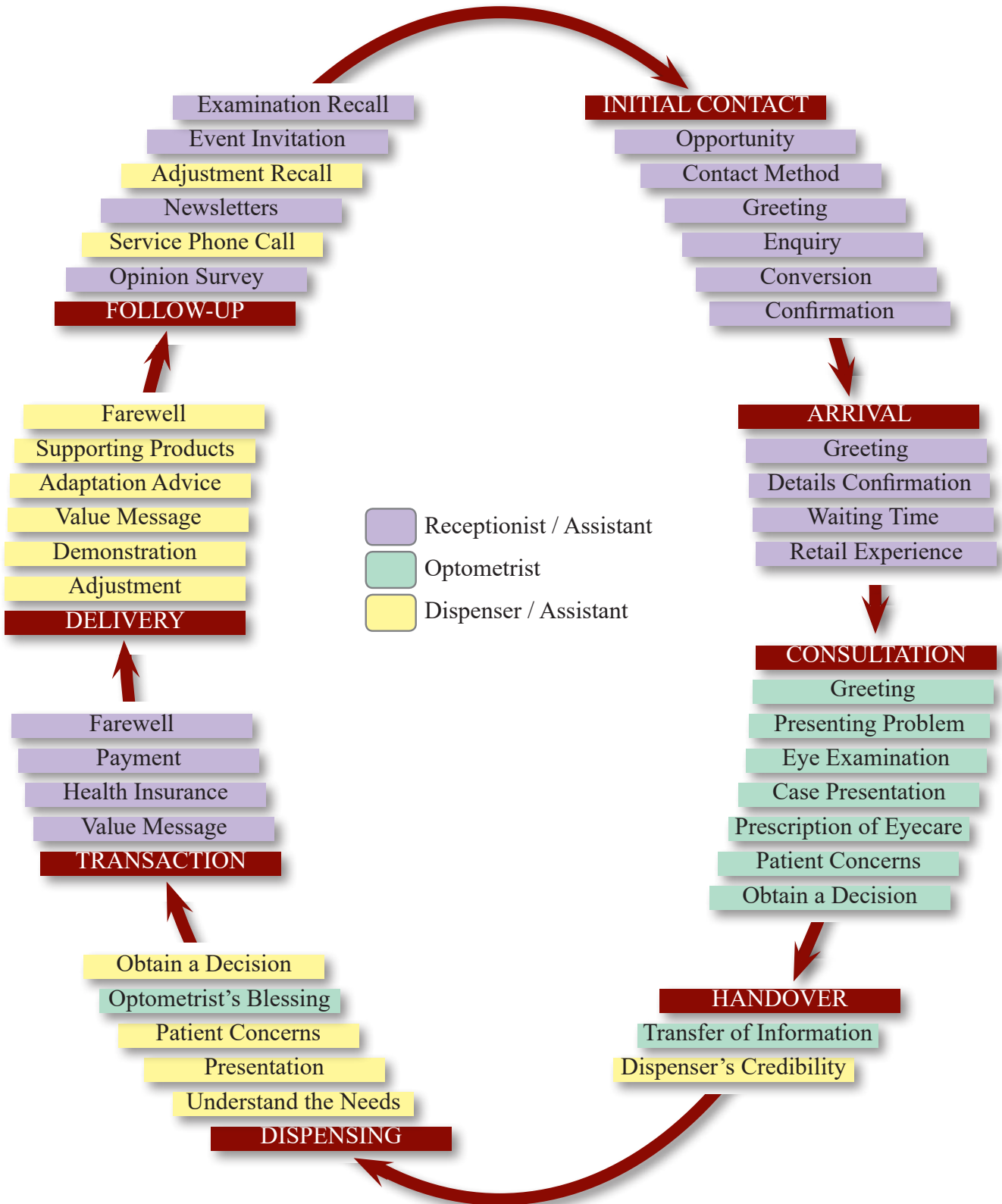


*The typical "Patient Cycle" in an optometry practice*



*Flow-chart for Obtaining a Decision*

# The Patient Cycle - In Detail



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## Guideline Clinical Criteria for Visual Fields

### IMMEDIATE:

- Cupping > 0.5
- Family history of Glaucoma
- IOP's >18mmHg (*adjusted IOP if pachymeter available*)
- Van Herricks <= 0.2
- Unexplained headaches
- Visual disturbances
- Symptoms of blind areas and field loss
- Unexplained amblyopia
- New patients with low vision
- Systemic medications with ocular side effects
- Recent stroke
- Optic nerve head drusen
- Any diabetic without a baseline Fields
- Any hypertensive without a baseline Fields

### 6 MONTHLY:

- Cupping > 0.8
- IOP's > 22mmHg (*adjusted IOP if pachymeter available*) (Referral to glaucoma specialist?)

### 12 MONTHLY:

- Cupping > 0.7
- IOP's > 20mmHg (*adjusted IOP if pachymeter available*)
- Van Herricks <= 0.1
- Optic nerve head drusen
- Systemic medications with ocular side effects

### 24 MONTHLY:

- Cupping >0.5
  - Family history of Glaucoma
  - IOP's >18mmHg (*adjusted IOP if pachymeter available*)
  - Van Herricks <= 0.2
  - Low vision
  - Diabetes
  - Hypertension
-

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## Guideline Clinical Criteria for Digital Retinal Images

### NEW PATIENTS:

- Baseline documentation for all patients recommended
- Smokers (earlier detection of AMD & vascular changes)
- Baseline documentation for all patients with a family history of glaucoma, macular degeneration, or vision loss

### RETURNING PATIENTS:

- Any changes from Baseline (cupping, drusen, haemorrhages, macular changes, etc)
  - New diagnosis of diabetes
  - New diagnosis of hypertension
  - New diagnosis of glaucoma
  - Recent stroke
  - Unexplained headaches
  - Reported visual disturbances (transient field defects, blind spots, vertigo, etc)
-

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## Guideline Clinical Criteria for Ocular Coherence Tomography

### NEW PATIENTS:

- Age-Related Macular Degeneration
- Detection, confirmation or differential diagnosis of retinal disease
- Family history of Glaucoma
- IOP's >18mmHg (*adjusted IOP if pachymeter available*)
- Van Herricks  $\leq 0.2$
- Visual disturbances
- Symptoms of blind areas and field loss
- Unexplained amblyopia
- New patients with low vision
- Optic nerve head drusen

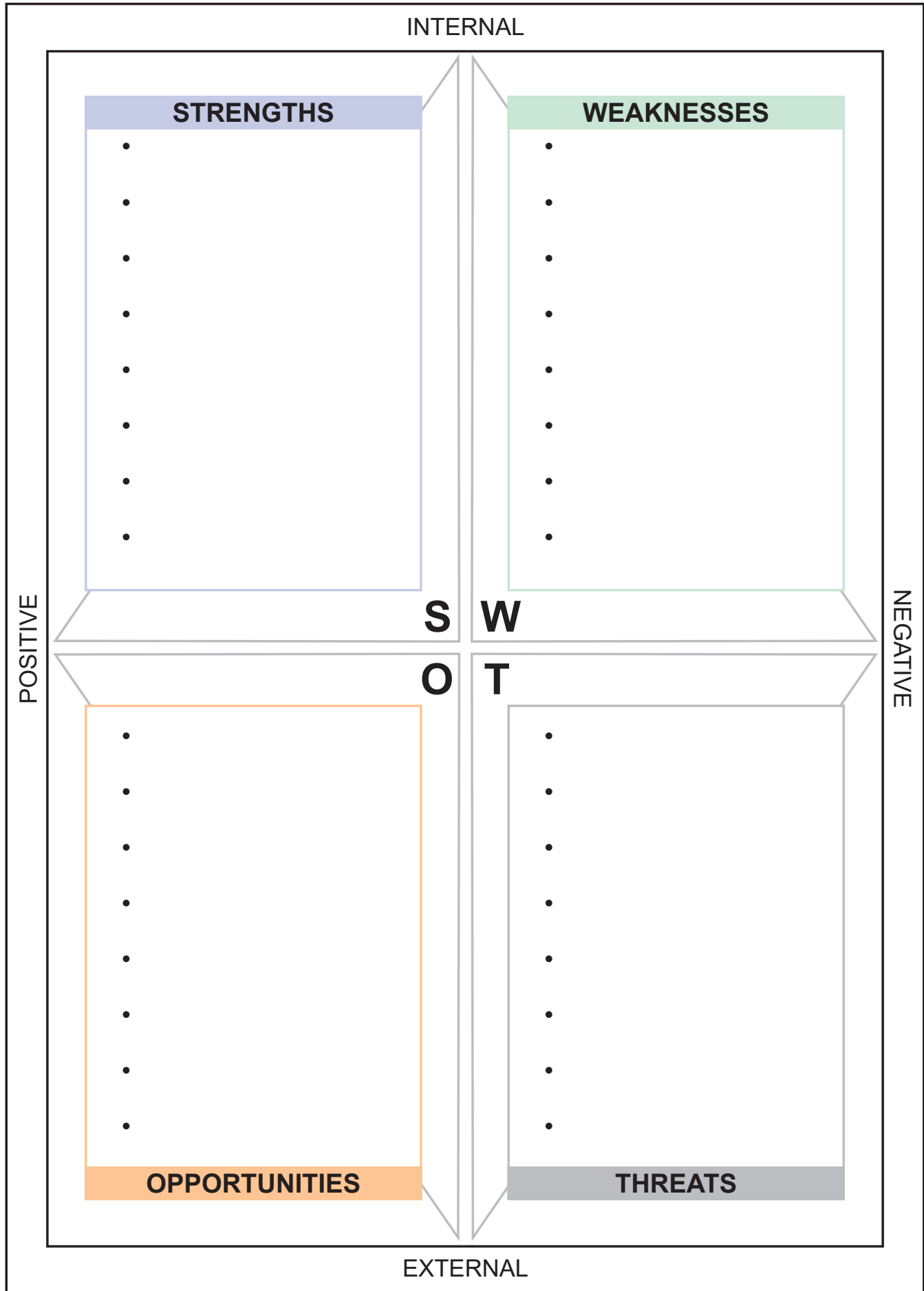
### RETURNING PATIENTS:

- Any changes from Baseline (cupping, drusen, haemorrhages, macular changes, etc)
  - Macular changes (cysts, pigment clumping, central serous retinopathy, macular edema, etc)
  - New diagnosis of age-related macular degeneration
  - New diagnosis of diabetes
  - New diagnosis of glaucoma
  - Posterior vitreous detachments, epi-retinal membranes, vitreo-macula traction, etc
  - Unexpected changes in visual acuity
-

# SWOT Analysis - Example



# SWOT Analysis





## Features & Benefits Table

FEATURES	BENEFITS
1:	
2:	
3:	
4:	
5:	
6:	
7:	
8:	

## Key Words

### CHEAP SPECS

Can also supply  
Not same technology  
Different to our  
recommendation

### TAKING RX

(Rx Release Form)  
Price guide is \$\_\_  
Return to confirm  
made correctly

### HANDOVER

Details are on your file  
\_\_\_\_\_ will help you select  
the best frame for  
your look & your Rx

### OWN FRAMES

Last the life of lenses?  
Spare parts?  
All care, but there can  
be no responsibility

### TRANSACTION

Would you like to  
pay now?  
. . . . or just leave a  
deposit?

### ADJUSTMENTS

Must be own risk -  
may be small cracks  
All care, but there can  
be no responsibility

### ORDERING

Your lenses are  
custom-made  
Laboratory will start  
making them today

### SPECS NOT READY

One lens is not perfect  
We will have them  
completely remade  
Important they are right

### DELIVERY

We'll see you at your next  
check-up in *Month Year*  
or sooner if you  
notice any changes

### DELIVERY

Our books are open  
to new patients  
Thanks for  
recommending us

# The Patient Cycle

<b>1</b> <b>START</b>	<b>2</b> Opportunity	<b>3</b> Contact Method	<b>4</b> Contact Greeting	<b>5</b> Enquiry	<b>6</b> Conversion
<b>12</b> Retail Experience	<b>11</b> Waiting Time	<b>10</b> Pt Details Confirmation	<b>9</b> Arrival Greeting	<b>8</b> 	<b>7</b> Confirmation
<b>13</b> 	<b>14</b> Consultation Greeting	<b>15</b> Presenting Problem	<b>16</b> Eye Examination	<b>17</b> Case Presentation	<b>18</b> Prescription of Eyecare
<b>24</b> Understand the Needs	<b>23</b> Dispenser's Credibility	<b>22</b> Transfer of Information	<b>21</b> 	<b>20</b> Close & Establish Recall	<b>19</b> Patient Concerns
<b>25</b> Presentation	<b>26</b> Patient Concerns	<b>27</b> Optometrist's Blessing	<b>28</b> Obtain a Decision	<b>29</b> 	<b>30</b> Value Message
<b>36</b> Demonstration	<b>35</b> Delivery Adjustment	<b>34</b> 	<b>33</b> Farewell & Recall Remind	<b>32</b> Payment	<b>31</b> Health Insurance
<b>37</b> Value Message	<b>38</b> Adaptation Advice	<b>39</b> Supporting Products	<b>40</b> Farewell & Recall Remind	<b>41</b> 	<b>42</b> Opinion Survey
<b>48</b>  <b>END</b>	<b>47</b> Examination Recall	<b>46</b> Event Invitation	<b>45</b> Adjustment Recall	<b>44</b> Newsletters	<b>43</b> Service Phone Call

*(Not intended for use as a game; use this "game board" layout to stimulate staff meeting discussion)*

## Guideline Clinical Criteria for Digital Retinal Images

### NEW PATIENTS:

- **Baseline** documentation for **all patients** is recommended
- **Smokers** (earlier detection of AMD & vascular changes)
- **Baseline** documentation for all patients with a **family history of glaucoma, macular degeneration, or vision loss**

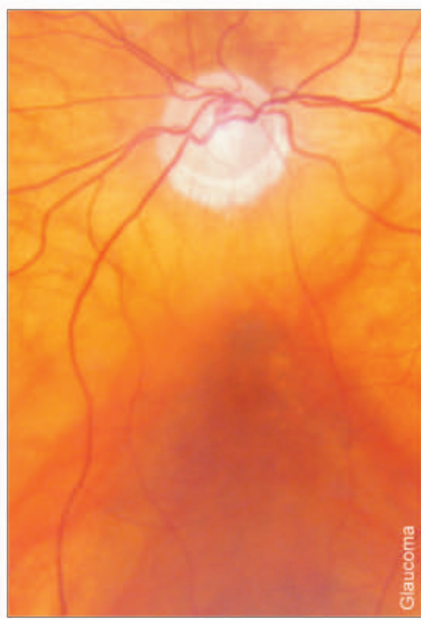
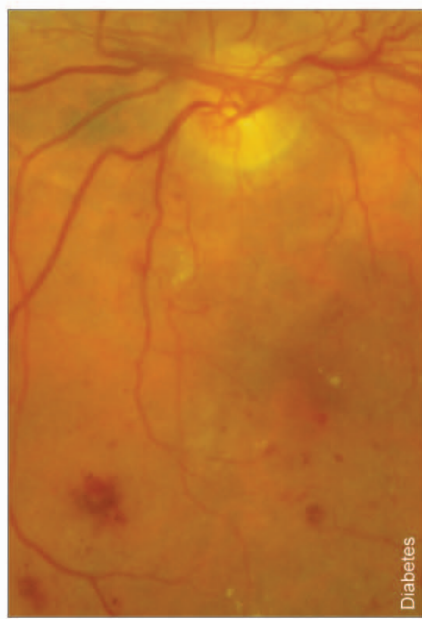
### RETURNING PATIENTS:

- **Any changes from Baseline** - haemorrhages, cupping, drusen, macular changes, etc
- New diagnosis of **diabetes**
- New diagnosis of **hypertension**
- New diagnosis of **glaucoma**
- Recent **stroke**
- Unexplained **headaches**
- Reported **visual disturbances** (transient field defects, blind spots, vertigo, etc)

*The fee for Digital Retinal Images (DRI) also includes the storage of the images. If a patient decides not to pay this fee, the images will be deleted and there will be no cost. However the images will then not be available for reference in their future eyecare.*

AJH 05/2009

Guidelines\_DRI.indd



# THE BASICS

1. Our practice will always try to stand out because of our people.
2. Our presentation should always be excellent, with clean clothes, shoes in good condition and always wearing a name badge.
3. We greet all patients with a warm welcome & give a fond farewell when they leave.
4. We use patient names whenever possible. We always introduce ourselves by name and maintain eye contact when speaking.
5. It is our shared responsibility to ensure uncompromising levels of cleanliness in all areas of the practices.
6. Assisting a “live” patient always takes priority over other tasks.
7. We try to anticipate and exceed patient expectations.
8. Patients never interrupt our work and we always acknowledge a waiting patient when assisting other patients.
9. We try to answer the telephone within 3 rings, using the practice name, our own name and a greeting. If we need to ask a caller to be placed on hold we wait for a response.
10. We always return phone calls on the same day, or leave a message.
11. We are all ambassadors for good quality eyecare. We encourage people to look after their sight by having regular check-ups & by looking after their spectacles or contact lenses.
12. We respect our professional colleagues and never criticise a competitor.
13. We never make a promise we cannot keep & we always keep information confidential.
14. We always try to “do it once & do it right”. Problems are fixed so that the same difficulty wont happen a second time.
15. We don’t use negative words (no, can’t) & always offer an alternative.
16. We all strive to be knowledgeable & to improve how we do things.
17. If we receive a complaint or are told of a problem, we “own it” and it is our responsibility to follow it up with the appropriate people.
18. We never eat, drink or smoke in a patient area.
19. We have an “open door” policy for closed rooms: We always knock & go in.
20. We practice teamwork and mutual respect at all times.

**“Quality only happens when we care enough to do our best”**

## The Impact of Discounting

% Price Discount	% Gross Profit Margin											
	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%
	<b>% Sales Increase required to give an unchanged Contribution</b>											
2.5%	11	9	8	7	6	5	5	4	4	4	3	3
5.0%	25	20	17	14	13	11	10	9	8	8	7	7
7.5%	43	33	27	23	20	18	16	14	13	12	11	10
10.0%	67	50	40	33	29	25	22	20	18	17	15	14
12.5%	100	71	56	45	38	33	29	26	24	22	20	19
15.0%	150	100	75	60	50	43	38	33	30	27	25	23
17.5%	233	140	100	78	64	54	47	41	37	33	30	28
20.0%	400	200	133	100	80	67	57	50	44	40	36	33
22.5%	900	300	180	129	100	82	69	60	53	47	43	39
25.0%		500	250	167	125	100	83	71	63	56	50	45
27.5%		1100	367	220	157	122	100	85	73	65	58	52
30.0%			600	300	200	150	120	100	86	75	67	60
32.5%			1300	433	260	186	144	118	100	87	76	68
35.0%				700	350	233	175	140	117	100	88	78
37.5%				1500	500	300	214	167	136	115	100	88
40.0%					800	400	267	200	160	133	114	100
42.5%					1700	567	340	243	189	155	131	113
45.0%						900	450	300	225	180	150	129
47.5%						1900	633	380	271	211	173	146
50.0%							1000	500	333	250	200	167

Discount\_effect.xlsx

<b>Suggestions for Next Staff Meeting</b>	
Date of Meeting:	
Start Time:	
End Time:	
Location of Meeting:	
<b>TOPIC OR ISSUE SUGGESTED</b>	<b>SUGGESTED BY</b>
1:	
2:	
3:	
4:	
5:	
6:	
7:	
8:	

Project Planning: Frame Style Show				
TASK / ITEM / EVENT	TO DO?	DESCRIPTION	DUE DATE	DONE
Supplier Choice	<input type="checkbox"/>			<input type="checkbox"/>
Brands Choice	<input type="checkbox"/>			<input type="checkbox"/>
Timeline <i>(schedule of all events)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Stylist <i>(availability &amp; charges)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Stylist Travel & Accom	<input type="checkbox"/>			<input type="checkbox"/>
Invitations <i>(theme &amp; RSVP date)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Food Catering <i>(arrange delivery)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Rental Items <i>(arrange delivery)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Special Frame Ranges <i>(brands appropriate; arrange delivery)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Register for Interested Patients <i>(staff briefed)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Identify patients to Invite <i>(database search)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Decorations <i>(arrange delivery)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Advertising & Publicity <i>(arrange ads; contact press)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Giveaways <i>(lucky door prize; each guest?)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Special Promotion <i>(co-op sponsorship?)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Purchase Incentives <i>(arrange delivery)</i>	<input type="checkbox"/>			<input type="checkbox"/>
Other:	<input type="checkbox"/>			<input type="checkbox"/>
Other:	<input type="checkbox"/>			<input type="checkbox"/>
Other:	<input type="checkbox"/>			<input type="checkbox"/>
Other:	<input type="checkbox"/>			<input type="checkbox"/>
Other:	<input type="checkbox"/>			<input type="checkbox"/>
Back-Up Plans	<input type="checkbox"/>			<input type="checkbox"/>



## Schedule for Press Releases

*Instructions:*

- Identify the local newspapers, radio and TV that will receive the press releases
- Find out the editor's name or who the best contact is at each media and prepare mailing list
- Decide on topics (suggestions in grey below) and write all of the press releases for the year
- In the middle of each month, photocopy and send out that month's press release
- Complete this form each month and save copies of any successful press releases

DATE	TOPIC	NUM SENT	INITIALS	COMMENT
15 Jan	Vision & Learning			
15 Feb	Vision & driving safety			
15 Mar	UV damage			
15 Apr	Refractive blindness charity			
15 May	Glaucoma			
15 Jun	Lens technology			
15 Jul	Diabetes & the eye			
15 Aug	Glare protection			
15 Sep	Macular degeneration			
15 Oct	Contact lens research			
15 Nov	Cataract			
15 Dec	Toys & eye safety			

<h2 style="margin: 0;">Applicant Evaluation</h2>						
<b>CANDIDATE INFORMATION:</b>						
Name:						
Position Applied For:						
Interviewed By:						
Date:		Sequence No:				
<b>SUMMARY RECOMMENDATION:</b>						
<input type="checkbox"/> Hire		<input type="checkbox"/> Not Hire			Score:	
<b>CANDIDATE EVALUATION:</b>						
	1: Poor	2: Fair	3: Good	4: Very Good	5: Excellent	
Knowledge of Skills for This Specific Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Related Job Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Related Education & Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation & Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interest in the Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interest in the Hours Being Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STRENGTHS:						
WEAKNESSES:						
ADDITIONAL COMMENTS:						

<b>Employee Performance Review</b>					
<b>EMPLOYEE INFORMATION:</b>					
Name:			Ref:		
Position:			Date:		
Location:			Manager:		
Review Period: . . . to . . .					
<b>EVALUATION:</b>					
	1: Poor	2: Fair	3: Good	4: Very Good	5: Excellent
Knowledge of Skills for Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments . . .					
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments . . .					
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments . . .					
Initiative & Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments . . .					
Communication & Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments . . .					
Dependability & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments . . .					
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS:					
AGREED GOALS:					
<b>CONFIRMATION OF REVIEW:</b>					
<i>By signing this form the employee confirms that this Performance Review has been discussed in detail with the supervisor. However, signing this form does not necessarily indicate agreement with this evaluation.</i>					
Employee's Signature:			Date:		
Manager's Signature:			Date:		

<b>Suggestion Form</b>	
<b>EMPLOYEE INFORMATION:</b>	
Name:	
Position:	
Location:	
Date Submitted:	
<b>SUGGESTION:</b>	
<input type="checkbox"/> Attachments / Sketches / Illustrations	
<b>RESPONSE:</b>	
Date Received:	
Assessment:	
Date Response Sent:	
Current Status:	

Plan for Attracting New Patients				
Practice Location or Branch:				
Mentor:				
<b>FOUNDATIONS:</b>				
Start Date:				
	Required	Completed	Details / Comment	
Introduce chapter "Attracting New Patients" (see <a href="#">page 149</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Identify the key contact for the project	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>1 - STANDARD PATIENT LETTERS:</b>				
	Required	Completed	Details / Comment	
Change the standard Recall Letter to include social proof	<input type="checkbox"/>	<input type="checkbox"/>		
Change the patient Survey Letter to invite referrals	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2 - ONGOING PATIENT CONTACT:</b>				
	Required	Completed	Details / Comment	
Introduce the process for producing 12 month Service Recalls	<input type="checkbox"/>	<input type="checkbox"/>		
Introduce the process for making Progressive Lens follow-up calls	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3 - ADVERTISING:</b>				
	Required	Completed	Details / Comment	
Full review of the current schedule of ongoing advertising	<input type="checkbox"/>	<input type="checkbox"/>	Spend pa: \$ _____	_____ %
			Sales pa: \$ _____	
Introduce the process for making Progressive Lens follow-up calls	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4 - SPECTACLE DELIVERIES:</b>				
	Required	Completed	Details / Comment	
Design contents of bag to be given with each new spectacle delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thanks for recommending us <input type="checkbox"/> Adaptation & guarantee <input type="checkbox"/> Cleaning cloth <input type="checkbox"/> Cleaning spray <input type="checkbox"/> other:	
Audit that contents of spectacle delivery bag is happening	<input type="checkbox"/>	<input type="checkbox"/>		

5 - PRINTED MATERIALS:			
	Required	Completed	Details / Comment
Introduce giving brochure to every patient at end of every consultation	<input type="checkbox"/>	<input type="checkbox"/>	
Order a specific number of brochures and note when expected to restock	<input type="checkbox"/>	<input type="checkbox"/>	Number ordered:
		<input type="checkbox"/>	Expected Restock: (Date)
		<input type="checkbox"/>	Restock Confirmed: (Date)
6 - SAMPLES FOR LOCAL BUSINESSES:			
	Required	Completed	Details / Comment
Design the bag contents	<input type="checkbox"/>	<input type="checkbox"/>	
Bag distribution 1	<input type="checkbox"/>	<input type="checkbox"/>	(Number) (Due date)
Bag distribution 2	<input type="checkbox"/>	<input type="checkbox"/>	(Number) (Due date)
Bag distribution 3	<input type="checkbox"/>	<input type="checkbox"/>	(Number) (Due date)
7 - LOCAL DOCTORS AS REFERRAL SOURCES:			
	Required	Completed	Details / Comment
Visits to Local Doctors 1	<input type="checkbox"/>	<input type="checkbox"/>	(Number) (Due date)
Visits to Local Doctors 2	<input type="checkbox"/>	<input type="checkbox"/>	(Number) (Due date)
Visits to Local Doctors 3	<input type="checkbox"/>	<input type="checkbox"/>	(Number) (Due date)
Introduce summary vision reports to routinely go to doctors	<input type="checkbox"/>	<input type="checkbox"/>	
Audit that these summary vision reports are routinely being done	<input type="checkbox"/>	<input type="checkbox"/>	
8 - COMMUNITY INVOLVEMENT:			
	Required	Completed	Details / Comment
Identify groups that optometrist would like to get involved with	<input type="checkbox"/>	<input type="checkbox"/>	
Set an annual budget for optom's community involvement	<input type="checkbox"/>	<input type="checkbox"/>	

## 9 - TALKS ABOUT EYECARE:

	Required	Completed	Details / Comment	
Develop a topic and content suitable for community eyecare talks	<input type="checkbox"/>	<input type="checkbox"/>		
Offer talks about eyecare to local community groups	<input type="checkbox"/>	<input type="checkbox"/>	<i>(Number)</i>	<i>(Due date)</i>
Monitor bookings made for community eyecare talks	<input type="checkbox"/>	<input type="checkbox"/>		

# Growth Plan Worksheet

1: SITUATION ANALYSIS			Req	Done
<ul style="list-style-type: none"> <li><b>Laws &amp; Regulations:</b></li> </ul>			<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Economic Conditions:</b></li> </ul>	Interest Rate	%	<input type="checkbox"/>	<input type="checkbox"/>
	Inflation Rate	%		
	Wage Increases	%		
<ul style="list-style-type: none"> <li><b>Availability of Technology:</b></li> </ul>			<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Availability of Media:</b></li> </ul>	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Directories	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Television	<input type="checkbox"/> Magazines		
	<input type="checkbox"/> Radio	<input type="checkbox"/> Letter Drop		
<ul style="list-style-type: none"> <li><b>Trends in Consumer Demand:</b></li> </ul> <p><i>Products or Services becoming more popular . . .</i></p>  <p><i>Products or Services becoming less popular . . .</i></p>			<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Support Offered by Suppliers:</b></li> </ul> <p><i>Marketing &amp; advertising co-op subsidies . . .</i></p>  <p><i>Staff training support . . .</i></p>  <p><i>Specialty products &amp; exclusive agencies . . .</i></p>			<input type="checkbox"/>	<input type="checkbox"/>



**SITUATION ANALYSIS** *(Continued)*

**Req Done**

• **Special Experience Available in the Practice:**

*Owner(s) . . .*

*Practice Staff . . .*

• **SWOT Analysis:**

*Strengths . . .*

- Reputation
- Equipment
- Training of staff
- Location
- Prices
- 
- 
- 
- 

*Opportunities . . .*

- Product ranges
- Competitors
- Regulation changes
- Current economy
- Health insurance
- 
- 
- 
- 

*Weaknesses . . .*

- Reputation
- Equipment
- Training of staff
- Location
- Prices
- 
- 
- 
- 

*Threats . . .*

- Product ranges
- Competitors
- Regulation changes
- Current economy
- Health insurance
- 
- 
- 
-

2: SET OBJECTIVES	Req Done
<p>• <b>Objective 1:</b> <i>Specific . . .</i></p> <p><i>How it will be measured . . .</i></p> <p style="text-align: right;"> <input type="checkbox"/> Achievable  <input type="checkbox"/> Realistic  <input type="checkbox"/> Timed </p>	<input type="checkbox"/> <input type="checkbox"/>
<p>• <b>Objective 2:</b> <i>Specific . . .</i></p> <p><i>How it will be measured . . .</i></p> <p style="text-align: right;"> <input type="checkbox"/> Achievable  <input type="checkbox"/> Realistic  <input type="checkbox"/> Timed </p>	<input type="checkbox"/> <input type="checkbox"/>
<p>• <b>Objective 3:</b> <i>Specific . . .</i></p> <p><i>How it will be measured . . .</i></p> <p style="text-align: right;"> <input type="checkbox"/> Achievable  <input type="checkbox"/> Realistic  <input type="checkbox"/> Timed </p>	<input type="checkbox"/> <input type="checkbox"/>
<p>• <b>Objective 4:</b> <i>Specific . . .</i></p> <p><i>How it will be measured . . .</i></p> <p style="text-align: right;"> <input type="checkbox"/> Achievable  <input type="checkbox"/> Realistic  <input type="checkbox"/> Timed </p>	<input type="checkbox"/> <input type="checkbox"/>

3: STRATEGIES	Req	Done
<ul style="list-style-type: none"> <li> <b>Strategic Gap Analysis 1:</b>  <i>Patient segment . . .</i>   <i>How it will be targeted . . .</i>   <i>Positioning . . .</i>  <input type="checkbox"/> Technology <input type="checkbox"/> Health-care <input type="checkbox"/> Fashion <input type="checkbox"/> Specialty <input type="checkbox"/> Exclusive <input type="checkbox"/> Price - Low/High </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li> <b>Strategic Gap Analysis 2:</b>  <i>Patient segment . . .</i>   <i>How it will be targeted . . .</i>   <i>Positioning . . .</i>  <input type="checkbox"/> Technology <input type="checkbox"/> Health-care <input type="checkbox"/> Fashion <input type="checkbox"/> Specialty <input type="checkbox"/> Exclusive <input type="checkbox"/> Price - Low/High </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li> <b>Strategic Gap Analysis 3:</b>  <i>Patient segment . . .</i>   <i>How it will be targeted . . .</i>   <i>Positioning . . .</i>  <input type="checkbox"/> Technology <input type="checkbox"/> Health-care <input type="checkbox"/> Fashion <input type="checkbox"/> Specialty <input type="checkbox"/> Exclusive <input type="checkbox"/> Price - Low/High </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li> <b>Strategic Gap Analysis 4:</b>  <i>Patient segment . . .</i>   <i>How it will be targeted . . .</i>   <i>Positioning . . .</i>  <input type="checkbox"/> Technology <input type="checkbox"/> Health-care <input type="checkbox"/> Fashion <input type="checkbox"/> Specialty <input type="checkbox"/> Exclusive <input type="checkbox"/> Price - Low/High </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

4: MARKETING TACTICS		Req	Done
<ul style="list-style-type: none"> <li><b>Pricing Review:</b></li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Consultations . . .</i>	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓		
<i>Ancillary Tests (fields, DRI, etc) . . .</i>	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓		
<i>Spectacle Lenses . . .</i>	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓		
<i>Spectacle Frames . . .</i>	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓		
<i>Contact Lenses . . .</i>	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓		
<i>Sunglasses (non-Rx) . . .</i>	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓		
<i>Accessories (solutions, magnifiers, etc) . . .</i>	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓		
<ul style="list-style-type: none"> <li><b>Products or Services Offered Outside the Practice:</b></li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Practice Website . . .</i>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand		
<i>Practice On-Line Sales . . .</i>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand		
<i>Visiting Branch Practice . . .</i>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand		
<i>Domicillary &amp; Nursing Home Visits . . .</i>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand		
<i>Eye Safety Workplace Visits . . .</i>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand		
<i>Teaching or Industry Consulting . . .</i>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand		
<i>Other . . .</i>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand		

MARKETING TACTICS <i>(Continued)</i>			Req	Done	
<ul style="list-style-type: none"> <li>• <b>Service &amp; Product Bundling:</b>  <i>Services . . .</i>   <i>Products . . .</i></li> </ul>			<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• <b>Staff Training:</b>  <i>External programs . . .</i>   <i>In-practice training . . .</i>   <i>Product training . . .</i></li> </ul>			<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• <b>Advertising:</b>  <i>Newspapers / Magazines . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Increase</li> </ul> </li> <li><i>Radio / Television . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Increase</li> </ul> </li> <li><i>Directional / Yellow Pages . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Increase</li> </ul> </li> <li><i>On-Line / Search Engines . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Increase</li> </ul> </li> <li><i>Other . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Increase</li> </ul> </li> </ul>			<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop  <input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop  <input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop  <input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop	<input type="checkbox"/>	<input type="checkbox"/>

MARKETING TACTICS <i>(Continued)</i>			Req	Done
<b>• Relationship Building - Patients:</b>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Patient newsletters . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Custom-printed brochures . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Follow-up phone calls . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Patient opinion surveys . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Welcome to our office letters . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>12 Month service letters . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Other . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<b>• Relationship Building - Doctors:</b>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Standard vision reports to GP doctors . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Visit local doctors / referral sources . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>GP doctor referral pads . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Other . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		

MARKETING TACTICS <i>(Continued)</i>			Req	Done
<b>• Relationship Building - Other Referral Sources:</b>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Standard vision reports to schools . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Offer vision talks for schools . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Offer vision talks for community groups . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Press releases for local media . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<i>Other . . .</i>	<input type="checkbox"/> Start <input type="checkbox"/> Increase	<input type="checkbox"/> Revise <input type="checkbox"/> Reduce/Stop		
<b>• Recall Reminders for Returning Patients:</b>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Staff training on recall reinforcement . . .</i>		<input type="checkbox"/> Start <input type="checkbox"/> Reinforce		
<i>Content of recall letters . . .</i>		<input type="checkbox"/> Start <input type="checkbox"/> Revise		
<i>Frequency of recalls &amp; 2nd recalls . . .</i>		<input type="checkbox"/> Start <input type="checkbox"/> Revise		
<i>Recall case stickers . . .</i>		<input type="checkbox"/> Start <input type="checkbox"/> Revise		
<i>Other . . .</i>		<input type="checkbox"/> Start <input type="checkbox"/> Revise		

MARKETING TACTICS <i>(Continued)</i>		Req	Done
<ul style="list-style-type: none"> <li> <b>Service Improvements:</b>  <i>Electronic appointment reminders (SMS) . . .</i> </li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li> <input type="checkbox"/> Start  <input type="checkbox"/> Reinforce           </li> </ul>		
	<ul style="list-style-type: none"> <li> <i>Clear recommendations for every patient . . .</i> </li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li> <input type="checkbox"/> Start  <input type="checkbox"/> Reinforce           </li> </ul>		
	<ul style="list-style-type: none"> <li> <i>Personal optometrist hand-overs to dispensing . . .</i> </li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li> <input type="checkbox"/> Start  <input type="checkbox"/> Reinforce           </li> </ul>		
	<ul style="list-style-type: none"> <li> <i>Electronic delivery notification . . .</i> </li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li> <input type="checkbox"/> Start  <input type="checkbox"/> Reinforce           </li> </ul>		
	<ul style="list-style-type: none"> <li> <i>Other . . .</i> </li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li> <input type="checkbox"/> Start  <input type="checkbox"/> Reinforce           </li> </ul>		
<ul style="list-style-type: none"> <li> <b>Other Tactics:</b>            Describe . . .         </li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>



5: CONTROLS		Req	Done
<ul style="list-style-type: none"> <li><b>Marketing Budget: (Annual)</b></li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
Advertising .. Newspapers / Magazines	\$		
Advertising .. Radio / Television	\$		
Advertising .. Directional / Yellow Pages	\$		
Advertising .. On-line / Search engines	\$		
Brochures & Patient Information	\$		
Letterhead, business cards & staff name badges	\$		
Networking events	\$		
Newsletters .. Printing (less co-op subsidies)	\$		
Newsletters .. Distribution	\$		
Recalls .. Postage	\$		
Special Events / Style Shows	\$		
Sponsorships	\$		
Other / Contingency	\$		
Total Marketing Expense Budget	\$		
Total Budget as Share of Annual Practice Income	(Benchmark 4%)	%	
<ul style="list-style-type: none"> <li><b>Practice Income Budget:</b></li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
January	\$		
February	\$		
March	\$		
April	\$		
May	\$		
June	\$		
Total 6 Mths Practice Budget & Share of Annual Income	\$	%	
July	\$		
August	\$		
September	\$		
October	\$		
November	\$		
December	\$		
Total Annual Practice Income Budget	\$		

CONTROLS <i>(Continued)</i>				Req	Done
<b>• Sales Proportions:</b>				<input type="checkbox"/>	<input type="checkbox"/>
<i>Consultations</i>	<i>(Benchmark 17%)</i>		%		
<i>Ancillary Tests (fields, DRI, etc)</i>	<i>(Benchmark 3%)</i>		%		
<i>Spectacle Lenses</i>	<i>(Benchmark 39%)</i>		%		
<i>Spectacle Frames</i>	<i>(Benchmark 27%)</i>		%		
<i>Sunglasses (non-Rx)</i>	<i>(Benchmark 2%)</i>		%		
<i>Contact Lenses</i>	<i>(Benchmark 9%)</i>		%		
<i>Accessories (solutions, magnifiers, etc)</i>	<i>(Benchmark 3%)</i>		%		
<i>Total</i>		100	%		
<b>• Practice Expenses Budget:</b>				<input type="checkbox"/>	<input type="checkbox"/>
<i>Cost of Goods Dispensed (COGS)</i>	<i>(Benchmark 34%)</i>	\$			
<i>Advertising</i>	<i>(Benchmark 3%)</i>	\$			
<i>Bank Charges (Fees, Card charges)</i>	<i>(Benchmark 1%)</i>	\$			
<i>Electricity</i>	<i>(Benchmark 1%)</i>	\$			
<i>Equipment (Leasing, Repairs, Maintenance)</i>	<i>(Benchmark 3%)</i>	\$			
<i>Insurance</i>	<i>(Benchmark 1%)</i>	\$			
<i>Occupancy Costs (Rent, Rental Outgoings)</i>	<i>(Benchmark 8%)</i>	\$			
<i>Postage &amp; Freight</i>	<i>(Benchmark 3%)</i>	\$			
<i>Printing &amp; Stationery</i>	<i>(Benchmark 2%)</i>	\$			
<i>Repairs &amp; Maintenance</i>	<i>(Benchmark 2%)</i>	\$			
<i>Staff Costs (Salaries, Bonuses) - incl owner's wage</i>	<i>(Benchmark 34%)</i>	\$			
<i>Telephone</i>	<i>(Benchmark 2%)</i>	\$			
<i>Travel &amp; Accommodation</i>	<i>(Benchmark 1%)</i>	\$			
<b>• Local Eyecare Market Share: <i>(Estimated sales proportions)</i></b>				<input type="checkbox"/>	<input type="checkbox"/>
<i>1: This Practice</i>			%		
<i>2: _____</i>			%		
<i>3: _____</i>			%		
<i>4: _____</i>			%		
<i>6: _____</i>			%		
<i>6: _____</i>			%		
<i>Total</i>		100	%		

CONTROLS <i>(Continued)</i>				Req	Done
<ul style="list-style-type: none"> <li><b>Benchmarking:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Industry group</li> <li><input type="checkbox"/> Gov't statistics</li> <li><input type="checkbox"/> Other . . .</li> <li><input type="checkbox"/> Buying group</li> <li><input type="checkbox"/> Historical data</li> <li><input type="checkbox"/> Marketing group</li> <li><input type="checkbox"/> Colleagues</li> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Revise</li> <li><input type="checkbox"/> Reinforce</li> </ul> </li> </ul>				<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Leader Boards:</b> <ul style="list-style-type: none"> <li><i>Ancillary tests (Retinal imaging, etc) . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Revise</li> </ul> </li> <li><i>Level of discounting to patients . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Revise</li> </ul> </li> <li><i>Support of preferred suppliers . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Revise</li> </ul> </li> <li><i>Outstanding accounts (owed by patients) . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Revise</li> </ul> </li> <li><i>Other . . .</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start</li> <li><input type="checkbox"/> Revise</li> </ul> </li> </ul> </li> </ul>				<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Other Controls:</b> <ul style="list-style-type: none"> <li><i>Describe . . .</i></li> </ul> </li> </ul>				<input type="checkbox"/>	<input type="checkbox"/>

# Mobile Phones Can Interfere With Our Sensitive Measurements



## Please Ensure That Your Phone Is Off

## Summary of Vision Needs

Name:	Date:
<input type="checkbox"/> <b>SV Distance</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Distance sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Near</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Music</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Computer</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Hobby</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Safety</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> Polycarbonate <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Bifocal</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Bifocal sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Trifocal</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Trifocal sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Extended focus</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Progressive</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Progressive sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Other:</b>	

Popular selections

## Summary of Vision Needs

Name:	Date:
<input type="checkbox"/> <b>SV Distance</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Distance sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Near</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Music</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Computer</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Hobby</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>SV Safety</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> Polycarbonate <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Bifocal</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Bifocal sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Trifocal</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Trifocal sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Extended focus</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Progressive</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Photosensitive <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Progressive sunglasses</b>	<input type="checkbox"/> Hard Coat <input type="checkbox"/> High Index: _____ <input type="checkbox"/> UV Protection <input type="checkbox"/> Aspheric <input type="checkbox"/> Polarized <input type="checkbox"/> Anti-Reflection <input type="checkbox"/> Tint: _____
<input type="checkbox"/> <b>Other:</b>	

Popular sele

(letterhead)

<b>Vision Lifestyle Questionnaire</b>	
<i>To determine your vision prescription it is important for us to understand how you use your eyes. Please complete the following questions for your optometrist . . .</i>	
<b>Name:</b>	<b>Date:</b>
<b>1: Which of the following do you do regularly?</b>	
<input type="checkbox"/> Driving - Personal vehicle	<input type="checkbox"/> Driving - Commercial
<input type="checkbox"/> Concerts or Theatre	<input type="checkbox"/> Office computer use
<input type="checkbox"/> Viewing live sports	<input type="checkbox"/> Gardening outside
<input type="checkbox"/> Driving - Heavy vehicle	<input type="checkbox"/> Detailed close work
<input type="checkbox"/> Television	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Often in the glare	
<b>2: Do you use your eyes for any of these hobbies?</b>	
<input type="checkbox"/> Reading	<input type="checkbox"/> Sewing or Handiwork
<input type="checkbox"/> Electronics	<input type="checkbox"/> Sport - Golf
<input type="checkbox"/> Sport - Shooting	<input type="checkbox"/> Sport - Other:
<input type="checkbox"/> Computer	<input type="checkbox"/> Music - Playing an instrument
<input type="checkbox"/> Sport - Tennis	<input type="checkbox"/> Sport - Bike riding
<b>3: What is your eye colour?</b>	
<input type="checkbox"/> Brown	<input type="checkbox"/> Hazel
<input type="checkbox"/> Blue	<input type="checkbox"/> Green
	<input type="checkbox"/> Grey
<b>4: Do you do any other activities that involve your eyes?</b>	



## Staff Meeting Minutes & Items for Follow-Up

Date of Meeting:			
Attendees:			
TOPIC OR ISSUE	Follow-Up By	Due Date	
1:			<input type="checkbox"/>
2:			<input type="checkbox"/>
3:			<input type="checkbox"/>
4:			<input type="checkbox"/>
5:			<input type="checkbox"/>
6:			<input type="checkbox"/>
7:			<input type="checkbox"/>
8:			<input type="checkbox"/>
9:			<input type="checkbox"/>
10:			<input type="checkbox"/>
11:			<input type="checkbox"/>

*(Keep this as a meeting record and to ensure that follow-up items are completed)*