



**Client Information**

Client Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Planning and Solutions Survey:** Purpose of survey is to understand your needs and wants to develop a turn-key office. Survey is lengthy, but remember the information provided will help us streamline the process for setting up your dream practice.

**Planning:**

<b>The Dream</b>	<b>YES</b>	<b>NO</b>
Have you found the location for your dream practice?		
Do you currently have a business plan?		
Do you currently have a budget/costs associated in opening your practice?		
Do you know what kind of practice modality? Medical vs Optical		
Do you know what type of equipment you want in your office?		
Do you know which insurances you are going to take?		

If you have questions with any of the above then consider our consulting package: The Dream.

<b>The Flow</b>	<b>YES</b>	<b>NO</b>
Do you have a mission statement?		
Do you know the philosophy of how you want to conduct business?		
Do you know what your core beliefs and values will be for your office?		
Do you have an operations manual and an employee manual?		
Do you have a training program for employees?		
Do you have a recall system?		

If you have questions with any of the above then consider our consulting package: The Flow.

<b>The Image</b>	<b>YES</b>	<b>NO</b>
Do you have a logo for your office?		
Do you have a website?		
Do you plan on doing any print media or mailings?		
Do you have a game plan for community footprints?		

If you have questions with any of the above then consider our consulting package: The Image.

<b>The Whip</b>	<b>YES</b>	<b>NO</b>
Do you know what benchmarks to follow?		
Do you know how to conduct a monthly staff meeting?		
Do you know how to make sure your vision/operations are being followed?		
Do you know how to market your practice?		

If you have questions with any of the above then consider our consulting package: The Whip.

Do you currently have Electronic Medical Records?  Yes  No

If yes, what system do you currently use: \_\_\_\_\_.

Will you need help with IT services or IT set-up for your office?  Yes  No

Do you know what kind of equipment and any brands you want to use in your office?

\_\_\_\_\_  
\_\_\_\_\_.

## Solutions:

### General Information:

Estimated date of completion for this project? \_\_\_\_\_.

What is your proposed budget for your displays and furniture? \_\_\_\_\_.

Total Square Feet of the location: \_\_\_\_\_ sq. ft.

Total number of Doctors: \_\_\_\_\_ Total number of Opticians: \_\_\_\_\_ Total number employees: \_\_\_\_\_

Will the project be located in a: (Circle one) Strip center Mall Free-standing Medical complex.

What floor will the project be located on? \_\_\_\_\_.

Is your project:

- 1<sup>st</sup> Time Office  Renovation  Relocation  Second Location  
 Expansion

Have you found an architect for your project?	Yes No
If yes, what is the name of your architect?	
What is his/her phone number?	
What is his/her email?	
Have you found a Contractor for your project?	Yes No
If yes, what is the name of your contractor?	
What is his/her phone number?	
What is his/her email?	

It is important that we develop a close working relationship with the architect and contractor to give a smooth/seamless project. We also have consulting services that will help you choose the right architect and contractor for your project.

<b>Waiting Area</b>	
<i>How many people do you wish to accommodate?</i>	
<i>Do you require a Children's Play Area?</i>	Yes          Separated No          Non-Separated
<i>Patient Restroom</i>	Male/Female Unisex
<i>Refreshment Area</i>	Yes No
<b>Reception/Business Area</b>	
<i>Front Desk: How many workstations needed?</i> <i>Do you want a separate area for check out?</i> <i>How many check out stations needed?</i>	Number: Yes   No Number:
<i>Do you require a File Storage/Archive Storage Room?</i>	Yes   No
<i>How many business offices needed?</i>	
<i>Any private offices needed for staff members?</i> <i>If yes, how many and what are their functions?</i>	Yes   No
<b>Optical Dispensary</b>	
<i>How many total frames do you want to display?</i> <i>Mens: _____ Womens: _____ Childrens: _____ Sunwear: _____</i>	Total:
<i>Describe your target clientele</i>	Professional Family Children Upper Middle Budget
<i>How many dispensing stations do you require?</i>	
<i>Do you require a computer at each of the dispensing tables?</i>	
<i>Do you require a dedicated Children's Display Area?</i>	Yes   No If yes, how many frames?
<i>Do you require an Optical Laboratory?</i>	Yes   No Surfacing   Nonsurfacing
<i>Do you require a separate Delivery/Adjustment area?</i>	Yes   No If yes, how many?
<i>What is your style preference?</i>	Traditional Contemporary Transitional
<b>Contact Lens</b>	
<i>How many training stations do you require?</i>	
<i>How do you want the Contact Lens Area?</i>	Semi-enclosed Enclosed
<i>Do you want a sink in the contact lens area?</i>	Yes   No

<b>Pre-Test/Special Testing</b>	
How many Pre-Test Rooms do you require?	
How do you want the pre-test?	Visible Private
What instruments do you want to include in the Pre-Test area?	
Do you require a separate Visual Field Room?	Yes    No
Do you want HRT/OCT in same room?	Yes    No
Do you want a separate special testing room for Photography?	Yes    No
Do you want Photography in Pre-Test room?	Yes    No
<b>Exam Lanes</b>	
How many exam lanes are needed?	
When facing the patient chair, which side do you Want to stand on?	Right Left
Do you want a sink in each of the exam lanes?	Yes    No
If no sinks in exam lanes, do you want a central Hand washing station?	Yes    No
<b>Ancillary Stations</b>	
Do you want a nurse/tech station?	Yes    No
Do you want a Dilation/Holding Area?	Yes    No
How many seats?	
Do you want a Patient Education/Consultation Area?	Yes    No
Would you want a combined Dilation/Patient Education Area?	Yes    No
Do you want a storage/utility room?	Yes    No
Do you want a separate computer server room?	Yes    No
Do you need a mechanical room?	Yes    No
<b>Computer Requirements</b>	
How many computers do you need in the designated areas? Waiting ____ Reception: Check IN ____ Check Out ____ Optical ____ Lab ____ Exams ____ Contact Lens ____ Special Testing ____ Nurse/Tech Station ____	Total number
<b>Doctor and Staff Requirements</b>	
How many private Doctor's offices are required?	
Does the doctor's office require a private lavatory?	Yes    No Shower    No Shower
Do you want a private staff lavatory?	Yes    No
Do you want a conference room?	Yes    No
Do you want a staff lounge?	Yes    No
Will Lounge also function as a conference room?	Yes    No