

DEMOGRAPHIC QUESTIONNAIRE



Practice Name: _____

Contact Name: _____ **Phone #:** _____

What type of practice do you have? _____

Do you cater to a certain clientele? _____

How many locations? _____

Where are they? _____

How large is your patient base? _____

What type of marketing have you been doing? _____

How are you measuring the effectiveness of that marketing? _____

How effective is that marketing? _____

How many new patients do you get each month? _____

How many new patients do you need to get month? _____

In a percentage, what is the rate of return you would like from your marketing? _____

What is the value of those new patients to your practice? _____

Have you ever used a Marketing Company? _____

If yes, what was your experience? _____