******PROFESSIONAL DEVELOPMENT QUESTIONNAIRE**

**3524 Del Mar Heights Rd.**

 **#1882**

**San Diego, CA 92130**

**www.DoctorEast.com**

**CONFIDENTIAL**

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| --- | --- |
| **Client Name(s)** | **Date** |
| **Mailing Address** |
| **City** | **State** | **Zip** |
| **E-mail Address** | **Cell Phone** |
| **How did you hear about my services?** |
| **What area(s) would you like to focus on (i.e. private practice, referrals, product business)?****1.****2.****3.** |

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| **How long have you been in practice/business?**  |
| **Practice/Business Name(s):** |
| **Practice/Business Location(s):** |
| **How many patients do you see each week?** |
| **Do you rent space from another practitioner or a building landlord?** |
| **Are you happy with your practice/business space and/or location? Describe if No.** |
| **Do you have a specialty, specialties or an area of interest? What is it or are they?** |
| **Do you want to specialize in a specific area? If yes, what is it?** |
| **Do you have a product idea you wish to discuss? If yes, what is it?** |
| **What is your website address:**  |

**Terms and Conditions:**

Unless otherwise agreed upon, the fees for my consulting services are $450 for a Single One-on-One Strategy Session, $1,500 per month for the Love Your Practice Coaching Program (3 month minimum then month to month), $750 for Course Creation and/or Becoming a CEU Provider and $2,500 for a four hour deep dive with 2 follow ups.

**Agreement:**

It is understood that the advice or suggestions provided in our sessions together do not, at any time, replace necessary, appropriate or applicable legal advice. I, the undersigned, agree to the terms set forth herein.

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Client’s Signature Date