******PROFESSIONAL DEVELOPMENT QUESTIONNAIRE**

**3525 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.** |

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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 $2,998 for the Ultimate Practice Playbook, $2,500 for Love Your Practice, $3,500 for month to month, and $10,000 for the VIP Coaching Program. This form is also used for various workshops and masterclasses.

**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