

Comprehensive Online Analysis Questionnaire

Please complete this questionnaire prior to your call.

It's really important for us to gain a thorough understanding of you, your practice and your current and past marketing efforts to properly complete our analysis. Please answer the questions below so we can both make the most of our time.

Doctor's first and last name: _____

Name of practice: _____

Name and Position of person filling out the form if not the doctor:

1. **Which marketing channels is your practice currently utilizing?** - check all that apply

	Done by practice	Done by outside company	Not doing at all
Website			
Facebook			
Facebook ads			
Instagram			
Email Marketing to current patients (not recall and appt. emails)			

	Done by practice	Done by outside company	Not doing at all
Google Ads			
SEO			
Blogs on your website			
Postcards/Direct mail			
Radio			
Billboards			
Magazines			
Other _____			

2. Please circle the correct answer:

Is the Office team asking patients for reviews?	Yes	No
Does the office use a software solution to ask patients to leave reviews?	Yes	No

3. **What are your marketing goals for your practice?**

4. **What are your marketing frustrations?**

5. **What makes your practice unique?**

6. **What is the average number of NEW PATIENTS you have seen per month over the last 12 months?**

7. **What is your goal for the average number of new patients per month over the next 12 months?**

8. **How many referrals are you currently getting per month over the last 12 months?**

9. **What percentage of patients researched your practice online prior to scheduling their first appointment?**

10. **What percentage of patients referred to you by "word of mouth", researched your practice online prior to scheduling their first appointment?**

11. What do you think patients see when they research your practice online?

12. If a patient searched for your practice and compared your online presence (reviews, website, social media) to that of 3 other local practices, which practice do you think they would choose and why?

13. What was your practice revenue last calendar year?

14. What are your practice revenue goals?

15. What percentage of your patients are fee for service?

If you have a little more time these questions would also be helpful but the ones above are the most important.

1. What efforts have you put forth to engage with your patients outside of the office and deepen your relationship with them?

- *How often are they seeing your practice online and where?*
- *Are your online efforts outside the practice increasing case acceptance and generating referrals from existing patients?*
- *How are you engaging your patients to generate more referrals?*

2. What are you doing to provide a unique and positive experience for your patients?

- *Before their visit*
- *During their visit*
- *After their visit*

3. Describe your strategy for handling negative and less than desirable reviews posted about your practice on major review websites (Google, Facebook, Yelp, HealthGrades, etc.)?

- *Who in your office is consistently monitoring your online reviews?*

4. Describe how you are consistently generating new content for your practice online.

5. How are you building awareness about your practice within your local community?

6. How do you envision your PRACTICE'S BRAND evolving over the next 3-5 years?

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE *PRIOR* TO YOUR CALL: Email: analysis@mydentalagency.com | Fax: 727-255-5132