

PRACTICE PROSPERITY

PROFESSIONAL DEVELOPMENT ASSESSMENT

Please take the time to fill out this form to prepare for individual customized support and agree to our disclaimer and agreement.

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PERSONAL INFORMATION

Name

Date

Address

Email

Phone

How long have you been in practice?

Practice/Business name:

Business location:

How many clients/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.

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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?

What is your website, social media pages?

How do you currently get clients/patients?

What are you current offerings (services, packages, programs and products?)

Terms & Conditions:

Unless otherwise agreed upon, the fees for my consulting services are \$997 paid upfront or \$250 per month for 6 months of masterminds, self-paced modules and individualized support via email. Current fees for one-on-one consulting is \$300 for 90 minute virtual sessions. If refund is required due to inability to complete the program, time completed will be rounded up to the nearest month and the monthly rate of \$250 will be applied. Example: 2 months & 21 days rounded up to 3 months, multiplied by \$250 will equal \$750, with a refund of \$247. No refunds will be permitted once 4 or more months are completed. No results are guaranteed with coaching and consulting services. 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.

Client signature

Date