



Confidential Practice Profile

Contact Name		Office Phone	
Practice Name		Cell Phone	
Mailing Address		Home Phone	
City, State, Zip		Fax Phone	
Project Address			

The information you provide on this form gives me a snapshot of your current practice and your goals for the new office. My design work is focused on improving both your efficiency and your income so I need a few comparative financial statistics to help me to understand your revenue goals. This information is held in strict confidence.

RETURN THIS FORM VIA E-MAIL info-bwd@BarbaraWrightDesign.com (preferred) OR FAX (503-289-7598).

How did you hear about us?

Internet search on _____

Magazine Ad _____

Magazine Article _____

Personal Referral from _____

Other _____

I am an: Ophthalmologist Optometrist Optician Administrator Other _____

Length of Time in practice _____

Ever worked with a practice consultant? Yes or No If yes, who: _____

Please rate the statements below that best represents how you see yourself with 1 being "not at all like me" and 10 being "most like me."

_____ A. I have high standards of excellence and am striving to make (or keep) my practice number one in my market area.

_____ B. I pride myself on always having the latest technology in my practice.

_____ C. I am ambitious, persistent and willing to take some risks to get to the level of success that I desire.

_____ D. I realize that I can't know everything; I'm willing to get top-notch assistance when I need it and to put my new knowledge into action.

_____ E. I believe that the design of the new office is a major factor in my success and one of the best investments I'll ever make.

PROJECT TYPE

Relocate exist'g ofc
 Open add'l ofc
 Open 1st ofc
 Expand exist'g ofc
 Remodel exist'g ofc

PROPERTY TYPE

Own	Status of ownership
<input type="checkbox"/> Building <input type="radio"/> New <input type="radio"/> Existing	
<input type="checkbox"/> Office Condo	
Lease	Status of lease
<input type="checkbox"/> Prof/Medical Complex	
<input type="checkbox"/> Strip Center	
<input type="checkbox"/> Enclosed Mall	
<input type="checkbox"/> Other:	

Proposed Total Construction Budget \$ _____

Target Move-in Date: _____

Persons Involved in Project: Developer
 Contractor
 Architect

PRACTICE INFORMATION

Item	Current	Future	Remarks
Your Office			
Size in square feet			
No. of doctors			
No. of staff			
No. of Exam Rms.			
Average no. of exams per day			
Your Patients			
Average income			
Lifestyle (families, retired, white collar, blue collar, etc.)			
Revenue Statistics			
Average revenue per exam			
Yearly Gross Revenue			
Growth rate %*			

*The average moderately successful practice grows 10% or more per year. Moving to a larger, better facility can push that rate to 15% to 20% or more in the first year. The typical Barbara Wright-designed office grows 25% or better in the first year and often continues to post 25% growth year after year.

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