

Personal Needs Survey	
Name:	
Address:	
Phone:	(O) _____ (H) _____
Age Group:	25-35 _____ 35-45 _____ 45+ _____
Specialty:	

Why do you think your patients chose you?

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What are you doing to increase patient flow?

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How many weeks vacation do you take per year? \_\_\_\_\_

Are you bored with practicing? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do you still have the same energy level practicing as you had before? Yes \_\_\_\_\_ No \_\_\_\_\_

Is it still a challenge for you? Yes \_\_\_\_\_ No \_\_\_\_\_

Could you retire if you wanted to? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you retire if you could? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you making enough money? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever wanted to practice elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your practice busy enough for you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have enough money set aside to retire? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, why are you still practicing? \_\_\_\_\_

How many more years would you like to practice? \_\_\_\_\_

How many days per week would you like to practice? \_\_\_\_\_

How many more years do you plan to practice? \_\_\_\_\_

Do you have any of the following needs?

To reduce practice-related stress? Yes \_\_\_\_\_ No \_\_\_\_\_

To increase the income of the practice? Yes \_\_\_\_\_ No \_\_\_\_\_

To eliminate the administrative responsibilities of your practice? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you established your personal long-term goals? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any long-term business goals? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you tired of practicing? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the three most important goals in your life?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

From the following list, check the five that are most important to you:

- \_\_\_\_\_ Being appreciated for what I do
- \_\_\_\_\_ Being wealthy or at least not having financial worries
- \_\_\_\_\_ More leisure time
- \_\_\_\_\_ Feeling good about what I do and myself
- \_\_\_\_\_ Meeting financial responsibilities
- \_\_\_\_\_ Freedom to choose or change, to have more options
- \_\_\_\_\_ More time to enjoy my family
- \_\_\_\_\_ Having more fun or enjoyment in my work
- \_\_\_\_\_ Religious faith or salvation
- \_\_\_\_\_ Learning, moving or experiencing meaningful events
- \_\_\_\_\_ Recognition, fame or praise

Complete the following statement, "At the end of my life, I will have considered my life a success if

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Here's what I really like about my work and why.

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Here's what I really dislike about my work and why.

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I would like to have more free time to pursue

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Rank the following in order of their priority to you:

- \_\_\_\_\_ Children's college education
- \_\_\_\_\_ Investments for future retirement
- \_\_\_\_\_ Learning how to manage my money better
- \_\_\_\_\_ More take-home income
- \_\_\_\_\_ More free time

Do you feel you have provided yourself with a fair share of the fringe benefits? \_\_\_ Yes \_\_\_ No

Describe yourself in your own words:

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What else is important to you?

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