<<your business name>>

Medfin Business Plan Questionnaire

Principal: <<your name>>

Day Month Year

Version 1.0 dated Day Month Year

# Table of contents

Table of contents 2

1. About you + Your business 3

1.1 Name 3

1.2 Practice Name: 3

1.3 Specialty: 3

2.0 Why do you want to become a practice owner/establish a new practice? 3

2. Goals 4

3. SWOT 5

4. Questionnaire 6

4.1 About you and your skills 6

4.2 The practice + rooms 6

4.3 Your team 7

4.4 Marketing + Promotion 8

4.5 Competitors and Complementary services 9

5. Document control 10

# About you + Your business

## Name

## Practice Name:

## Specialty:

## 2.0 Why do you want to become a practice owner/establish a new practice?

# Goals

|  |  |
| --- | --- |
| Professional goals | Target Date |
| {outline your professional short- and long-term goals and their target dates.} |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Personal goals | Target Date |
| {outline your personal short- and long-term goals and their target dates.} |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# SWOT

|  |  |  |
| --- | --- | --- |
|  | Helpful to objectives | Harmful to objectives |
|  | STRENGTHS | WEAKNESS |
| INTERNAL |  |  |
|  | OPPORTUNITIES | THREATS |
| EXTERNAL |  |  |

# Questionnaire

|  |
| --- |
| About you and your skills |
| When you qualified |  |
| Details of experience, and other qualifications | * Factual list of your skills and experience.
	+ Remember to include training of other staff and leadership
 |
| Special interest or techniques | * Talk about what you bring to your patients here
 |
| Business skills + experience |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| The practice + rooms |  |
| Location |  |
| Demographics of local area |  |
| Your patient profiles | *
 |
| Why this location?  |  |
| Potential contacts/network in the local community |   |
| Location details | * Closest city:
	+ Distance to closest city/town:
 |
| Description of the proposed premisesIncluding number and type of rooms SizeAge  |  |
| Special use rooms |  |
| Landlord details or own |  |
| Carparking and access |  |
| Zoning and permits | * Building
* Carpark
* Signage
* Number of practitioners
 |
| Council comments |  |
| Improvements |  |
| Summary of your vision or desired 1st impression of the rooms |  |
| Have you obtained a detailed quote for any improvements |  |
| Details of your builder / specialist fit out |  |
|  |  |

|  |  |
| --- | --- |
| Your team |  |
| Staff structure of the new business |  |
| Admin/support positions  |  |
| Other practitioners |  |
| Special interest or skills they bring | *
 |
| When do you intend to recruit the staff? Are they new to you, or previous working relationship?  |  |
| Who will manage the staff? Will you have additional management support and payroll |  |
| Practice Management software |  |
|  |  |

|  |  |
| --- | --- |
| Marketing + Promotion |  |
| How will patients hear about you, your practice and learn about your services | * Website….
* Advertising:
* My referral network includes
 |
| Planned marketing activity to new / existing patient base | * Launch:
* First month
* Following months
* Post visits/consults
 |
| Paid/professional support | *
 |
| Budget for activities and support |  |
| Online  |  |
| Website | * {Enter address}
 |
| LinkedIn | * {Enter address}
 |
| Facebook | * {Enter address}
 |
| Other  | * {Enter address}
 |
| Other | * {Enter address}
 |

|  |  |
| --- | --- |
| Competitors and Complementary services |  |
| Who are your main competitors, what is their offer and where are they located in relation to your practice? |  |
| What’s your point of difference? (Service delivery, billing structure) |  |
| Competitor B |  |
| Your point of difference |  |
| Competitor C |  |
| Your point of difference |  |

# 5. Document control

If you have any queries regarding the information in this document, please forward details to:

Contact point Enter full name

Title Enter job title

#### Document history

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