

Would you like to discuss issues in your optometric practice?

Please take a few minutes to complete this information gathering form. Be sure to write out any specific issue or problems you would like to discuss during your free preliminary phone conversation. Once completed, please fax it to Thomas Lecoq at 760-240-4794.

We will contact at the number you prefer to set up your free preliminary phone consultation. We promise you this discussion will be well worth your time and won't be a sales pitch.



The kids are dancing with joy because they finally got the Vision Therapy they needed!

Dr. (Please print) _____

Address _____

City _____ ST _____ ZIP _____

Phone number at which you prefer to be reached: _____ Ext. _____

Email _____ Cell (optional) _____

What do we say to your staff to reach you? _____

To reach Mr. Lecoq, call 877-203-9100, email idealvt@verizon.net, or log on to www.idealvt.com.

I would like to accept your offer of a free initial telephone consultation: I understand there is no cost or obligation. Please call me at the day, time and direct number below.

I want to initiate preparation for a full consultation.

Contact me later at the time and number below.

I want to discuss the following _____

Best day and time to reach me:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Best time _____ a.m./p.m.

I want to learn more about:

- Consultation & training - To build a strong, organized, profitable, referral-based vision therapy practice.
- Help increasing VT enrollment, overcoming insurance, money or time considerations.
- The Network computer program for building and sustaining an effective referral network.

Staff training and development. A staff-run practice: _____

Therapist training (done in your office).

More freedom and time away from the practice for family or other pursuits.

Organizing so VT thrives in a managed care environment. Or eliminating managed care completely.

Raising my net income from therapy.

Other _____

What is your biggest frustration with the therapy (or other parts) of your practice?

Please check all that apply, then add your own comments.

- Frustrated at all the people who walk away needing VT, but not getting the help they need (Low sign-up rate).
- Lack of public knowledge of the value of therapy; educators/professionals unaware of VT.
- Dealing with insurance, scheduling and/or payment issues.
- Managed care/3rd-party makes it very difficult to make vision therapy work.
- Don't have enough time with each patient to present therapy effectively.
- I would like to have more freedom to spend time with family or doing something else that's important to me.
- Reports take too much time and trouble – reports are often late or not done at all.
- Staff problems – (*Circle those that apply*) conflicts, bickering, uncooperative, poor teamwork, constant complaining, won't take responsibility, lack of training, constantly miss details, make too many mistakes, not trained well enough, sabotage VT, therapist turnover is high, problems finding good help.
- Practice net income is low.
- VT case load see-saws up and down.
- Marketing, referral networking, community outreach doesn't seem to get done or is hit and miss.
- I have tried a lot of things to promote therapy, but they don't seem to be effective or to last.
- Have no clear action plan; not quite sure where to start or exactly what to do.
- Can't seem to juggle all the details.

Are there any frustrations you are experiencing that are NOT listed? _____

Is there a particular issue(s) that you would like to discuss during your free phone consultation?

About your present vision therapy practice: Are you currently providing VT?

<input type="checkbox"/> Yes How many patient visits per week? _____ What levels of therapy do you provide? <input type="checkbox"/> Basic visual skills <input type="checkbox"/> Perceptual, info processing <input type="checkbox"/> Amblyopia, strabismus, perceptual <input type="checkbox"/> TBI, stroke, other Who does the therapy? <input type="checkbox"/> I do <input type="checkbox"/> Vision Therapists <input type="checkbox"/> Both Are you satisfied with your present VT situation <input type="checkbox"/> No <input type="checkbox"/> Yes Have you hit a growth plateau? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Do you want to start offering VT? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you attempted to start VT? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what stopped you. _____ _____ _____ _____
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Fax both pages of this questionnaire to Thomas Lecoq at 760-240-4794 -- If you have trouble faxing, call 949-244-3214