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PT Clinic Marketing Strategy Assessment

Why This Marketing Strategy Assessment?

Think about your marketing strategy this way: Your product or service is on trial. Doctors and patients are the jury and your marketing materials are your attorney. Your marketing materials must **prove to the jury why they should choose you**—or take the next action—and it's a life-or-death sentence. You need to organize the information that helps **build a case** for your product or service and then present it in a way that the jury believes. Your marketing materials must present compelling evidence.

But if you look at most advertisements, websites, and marketing materials, they build no case at all. Instead, they just mindlessly spout off the same old stuff that all of their competitors are saying and then cram it into their advertising and other marketing materials.

In this assessment, we are trying to help you uncover your quantifiable competitive advantages so we can determine your best strategic opportunities.

As you answer these questions, please be as specific as possible. Please do not constrain yourself to this form only, attach as many notes as you need to fully describe your business. When creating marketing it's a lot easier to trim down from too much information than to build up from very little. **We also suggest that you include all marketing advertisements, sales scripts, and informational pieces so that we know what you are currently saying in your marketing.**

A good place to start is to ask yourself, "If I could talk directly to patients and doctors, what kinds of things would they need to know and what evidence do I have that would help them make the best decision possible when considering treatment options? How do I make our strengths shine through? What selling points should I bring out? What competition have I identified?"

If you struggle with many of these questions, don't worry – we're here to help you.

Today's Date: _____

Company Name: _____

Contact Name: _____

Title: _____

Address: _____

Website: _____

Email: _____

Phone: _____

Years in Business: _____

Number of Clinics: _____

Number of PTs: _____

Annual Sales: _____

SECTION 1: Business Goals and Service/Product Mix Snapshot

1. Please describe your specialties:

2. Sales Analysis: Please breakdown your sales by service, source, and profitability:

2.1. Rank your top 4 services, products, or treatment categories by % of total sales

- 1. _____ %
- 2. _____ %
- 3. _____ %
- 4. _____ %

2.2. Rank your top 4 services, products, or treatment categories by profitability per visit

- 1. _____ Profit \$/visit _____
- 2. _____ Profit \$/visit _____
- 3. _____ Profit \$/visit _____
- 4. _____ Profit \$/visit _____

3. Please describe your long term goals for business growth. As a percent of current sales, how much growth do you want, and over what period of time?

4. To meet the growth goals described in 1 above, which aspects of your business infrastructure listed below have the capacity to meet the demand?

4.1. Billing, scheduling, medical records management, reception, phone, and data processing

- Current systems are adequate Systems will require updating/replacing

4.2. Facility and equipment

- Current facility and equipment are adequate Facility and equipment will need expansion

4.3. Personnel

- Current personnel can handle it Additional staff including PTs will be needed

4.4. Marketing Operations

- Marketing operations are in place
 Marketing operations are not yet in place

Section 2: Competitor Analysis

There are three main types of competitors to consider: First are **direct competitors**—clinics that provide the same or similar treatment options. Second are **indirect competitors**—clinics that offer other treatment options that are different than yours, but perceived to be similar (eg: Chiropractors for back pain).

5. List your TOP competitors and their strengths & weaknesses:

Competitor Name & Web Address	Direct or Indirect	Strengths	Weaknesses

6. What is your competitive environment like? List any helpful information:

Section 3: Your Selling Advantages

7. What are the top 5 problems or frustrations doctors have when referring to your specialties?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

8. What are the top 5 problems or frustrations patients have when getting treatment in your specialties?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

9. Why would a doctor favor your clinic over your competitors? Give specific reasons.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

10. Why would a patient favor your clinic over your competitors? Give specific reasons.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

11. In 30-Seconds or less please tell me why I should choose your product or service over any of your competitors? Or why should I choose your product or service at all?

12. What kinds of evidence can you provide that will help demonstrate your expertise and track record for results?

- Articles
- Associations
- Awards
- Books
- Charts & Graphs
- Client Lists
- Comparisons
- Compliance Checklists
- Earnings Reports
- Endorsements
- Examples Of Savings
- Facts & Figures
- Performance Audits
- Photos of Product in Use
- Product Demos
- Product Samples
- Quotes
- Specific Details
- Standards Lists
- Statistics
- Technical Drawings
- Test Results
- Testimonials

List specific pieces of evidence you can provide here:

- 1.
- 2.
- 3.
- 4.
- 5.
- .

Section 5: Your Marketing Environment

13. List the biggest challenges YOU face in the areas of sales and marketing --be specific (i.e. "We are having a more difficult time filling our treatment schedule, and here's why...")

- 1.
- 2.
- 3.
- 4.
- 5.

14. Where's the first place a prospective patient/doctor looks in your area when they need your product or service? (i.e., provider directory, ask another colleague or friend, internet, etc.)

15. What media do you use to communicate your messages to your marketplace? (Newspapers, radio, in-service, direct mail, etc.)

	Medium	% Of Your Total	Annual Budget
1.			
2.			
3.			
4.			
5.			

16. Describe your sales and marketing process, step by step:

17. List your billing and marketing statistics:

- A. This year's projected annual billings: _____
- B. Last Year's annual billings: _____
- C. Number of patients per month: _____
- D. Number of referrals per month: _____
- E. Acquisition cost per prospective patient: _____
- F. What is your annual marketing/advertising budget: _____
- G. What is your growth goal for the next 12 months? _____

SECTION 5: Strategic Plan Summary – To be filled out by PTRM Senior Consultant

Note: The completed Strategic Plan Summary will be returned electronically to the contact named on page 1, unless otherwise noted here. Please allow 5-10 business days for plan summary completion.

Strategic Plan Summary

Market & Competitive Analysis

Recommendations For Marketing Plan and Implementation Timeline

Please submit printed assessments to: info@MarketingTurnkeySystems.com or fax/mail with related materials to:

Attn: Marketing Strategy Assessment
Marketing Turnkey Systems
PO Box 949, Falmouth, MA 02541
Fax: 508-772-0014 Voice: 774-255-1125

Other notes & ideas: