



Marketing Marge

<b>6. REFERRAL PROCEDURES</b>		Assigned to: _____					
Select Activity to be performed:		Effectiveness of Project/Activity: 1 = Worked Well 2 = Worked OK 3 = Didn't work too well					
Ongoing Activity	Scheduled Activity	Frequency of Use: 1 = Used Often, 2 = Used about 1/2 the time, 3 = Didn't use too often			Fill In ⇒		
<input checked="" type="checkbox"/> Review, assess, & select every three months, or as needed.		1	2	3	1	2	3
<input type="checkbox"/>	1. <b>Reception.</b> Ask "Who referred you" to all new patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. <b>Coupons.</b> Hand out Health Care Coupons to patients for their specific friends, with a specific schedule, and schedule them whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. <b>Referral Board.</b> Keep an up to date list of patients that refer on a bulletin board. (With their approval in writing.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. <b>Asked for Referrals.</b> Ask for referrals wherever possible, and schedule them when possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. <b>Compliment</b> patients that refer in new people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. <b>"Thank You's"</b> . Thank patients personally for referring others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. <b>"Thank you" Cards.</b> Send cards for referrals from patients, doctors, and other professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. <b>Specific Recommendations.</b> Tell patients to bring in a <i>specific</i> friend/family member for a check-up, and schedule them for an appointment whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	9. <b>Spouse.</b> Encourage patients to bring spouses to new patient class and report of findings, and schedule them whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10. <b>Family Plans.</b> Promote Family Plans and/or family policy to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	11. <b>Kids.</b> Make sure toys for kids are available while parents are with doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	12. <b>Kids Board.</b> Keep "Our Chiropractic Kids Photo Board" to date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	13. <b>Practice &amp; Rehearsal.</b> Practice scripts and dialogue for asking for referrals at least once every other month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	14. <b>Card Quota's.</b> Set a target for a certain number of cards to hand out each week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	15. <b>Family History.</b> Use a Family Health History form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16. <b>Outside Referrals.</b> Refer your patients to the services of your other patients wherever appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	17. <b>Non-Patients in the Office.</b> Educate non-patients whenever they are in the reception room, and schedule them for a complimentary consultation and/or exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	18. <b>Referral Dinner.</b> Schedule a dinner for patients and their friends and give a free lecture. Make appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	19. <b>Frequent Referral Program.</b> Hold a "Care to Share" monthly referral program for your patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To: Clinic Director From: \_\_\_\_\_  
**Marketing Manager System** (www.pmaworks.com)

Date: \_\_\_\_\_

<input checked="" type="checkbox"/>	20. <b>Other Referral Program.</b> Utilize some type of "Frequent Referral Program".	□□□	□□□
<input checked="" type="checkbox"/>	21. <b>Give talks or interviews</b> to patient's friends, family, business, association, or other people connected to patient.	□□□	□□□
<input type="checkbox"/>	22. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	23. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	24. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	25. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	26. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	27. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	28. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	29. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	30. Write in your own procedures here.	□□□	□□□
<input type="checkbox"/>	31. Write in your own procedures here.	□□□	□□□