KOHAN architecture

MEDICAL QUESTIONNAIRE

The following questioner id prepared for health care professionals such as yourself who are interested to do their project right the first time. Please respond to the following questions (Which applies to you) thinking what your needs would be in the future when your practice is operating at its full capacity. Your full capacity could be with in 5, 10, 15 or 20 years. We will be designing this practice not for today, but for the next 20 years. If you have a different vision, please reply to the questions and be specific. This questioner will help us understand what your needs are and how we can tailor our services to help you achieve your goal.

In order for us to clearly understand your present office, and the way you operate, please send us pictures of your existing office. Please also create a Pinterest page, or provide us with photos of the things you like or dislike. The images do not have to be related to a dental office, they can be anything and everything. This process is what we call "getting to know you." The more photos you provide for us, the better. Once we receive this form and pictures, we will then set up a meeting to discuss all details in a 3-hour meeting so that we may then begin to work with you.

Thank you for taking the time to share, we look forward to bringing your dream to reality.

KOHAN medical office design team

CLIENT INFORMATION	
First/Last Name	
Office Phone	
Mobile Phone	
Email	
Billing Address *(street, city, state, zip)*	
EXISTING OFFICE DETAILS	
Existing practice Name:	
Address *(street, city, state, zip)*	
Are you leasing at the present time?	☐ YES ☐ NO
If yes, when does your lease end?	
Can you continue leasing month-month should you need it?	☐ YES ☐ NO
Existing square footage:	
Do you have an equipment specialist that you work with?	☐ YES ☐ NO
If yes, with which company?	
Equipment specialist name:	
Equipment specialist email:	
Equipment specialist phone:	
Do you work with a certified consultant?	☐ YES ☐ NO
If yes, what company?	
Certified consultant name:	
Certified consultant email:	
Certified consultant phone:	
Presently, which certification do you have? Please be specific:	

Do you presently work with any financial institution to acquire funds for your project?	☐ YES ☐ NO
Which institution?	
Do you need any referral to be connected to a financial institution?	☐ YES ☐ NO
Do you have a legal counsel reviewing your purchase or lease agreement?	☐ YES ☐ NO
Do you need any referral to be connected to a legal counsel?	☐ YES ☐ NO
How do you manage your medical billing?	
Which management software or company do you use?	
Are you planning to bring any existing medical equipment to your new office?	☐ YES ☐ NO
If yes, which items:	
Are you planning to bring any existing furniture to your new office?	☐ YES ☐ NO
If yes, which items?	
How do you mange your brand and digital marketing?	
Do you intend to create a new brand?	☐ YES ☐ NO
Logo:	☐ YES ☐ NO
Website:	☐ YES ☐ NO
Practice Name:	☐ YES ☐ NO
FUTURE OFFICE DETAILS	
If yes, how many years have you been practicing?	
Are you moving your practice to a new location?	☐ YES ☐ NO
Are you moving to have a larger practice?	☐ YES ☐ NO
Have you realized the deficiencies and shortcomings of your existing practice or the organization you work at?	☐ YES ☐ NO
SURGERY SUITE (if applicable)	
Number of operating rooms (O.R.) required?	
Describe how you see your operating room functioning:	
How many surgeons/providers do you envision having at your surgery center?	
Number of team members?	

Do you need any procedure rooms?	☐ YES ☐ NO
Titles for each team member(s)? Please identify as best you can:	
Do you need TVs at ceiling?	☐ YES ☐ NO
Do you need TV?	☐ YES ☐ NO
Please describe location for TV (ie: On one wall, at foot or head of the patient; at both walls at patient sides?)	
Which side do you need the cabinets (ie: Head of patient, foot of patient, side of patient)	
What kind of procedures/surgery do you plan to do at any given time now and in the future?	
Do you like medical gases to be plumbed to your O.R.?	☐ YES ☐ NO
Do you need to reach medical gases from the ceiling?	☐ YES ☐ NO
Is the manager office separate?	☐ YES ☐ NO
Do you need portable medical gases?	☐ YES ☐ NO
Do you need UPS (Uninterupted Power Supply)? Yes	☐ YES ☐ NO
Do you prefer a generator?	☐ YES ☐ NO
What certifications do you plan to have for your surgery center?	☐ AAASF ☐ AAHC ☐ Joint Commission ☐ None ☐ Other
If other, please list here:	
STERILIZATION	
Autoclave Brand	
RECEPTION DESK	
Number of receptionists	
List of equipment	
Paperless?	☐ YES ☐ NO
MANAGER'S OFFICE	
Separate Office?	☐ YES ☐ NO
List of Equipment:	
How many work stations?	
BUSINESS OFFICE	
Separate Office?	☐ YES ☐ NO
List of equipment:	
How many work stations?	

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WAITING AREA	
Number of chairs:	
Refreshment station?	☐ YES ☐ NO
List of equipment:	
Magazine rack?	☐ YES ☐ NO
TV?	☐ YES ☐ NO
CONSULT ROOM	
Number of consult rooms needed:	
Number of people:	
TV?	☐ YES ☐ NO
PRIVATE OFFICE	
Number of desks/doctors:	
Work stations?	☐ YES ☐ NO
Data entry station?	☐ YES ☐ NO
Private toilet:	☐ YES ☐ NO
Private shower:	☐ YES ☐ NO
STAFF LOUNGE	
Square footage	
Must be large enough to also hold staffmeetings?	☐ YES ☐ NO
Must be minimal?	☐ YES ☐ NO
Number of staff:	
Number of lockers:	
Washer/Dryer:	☐ YES ☐ NO
Bar and stool:	☐ YES ☐ NO
Meeting area:	☐ YES ☐ NO
ACCESSIBLE TOILETS	
Number and location of toilets:	
Do you have an accessible toilet in the common area lobby that you may be using?	☐ YES ☐ NO

OPERATIONS & DELIVERY OF CARE	
Is your vision regarding your existing practice changing, and is this the reason you are looking to open a new practice or a much larger practice? Please explain.	
Does your office have a good flow?	☐ YES ☐ NO
Explain:	
Have you examined the operations within your office, how efficient you are? Please explain.	
What would you change about the flow within your existing practice, so that you may enhance operation?	
Does your staff produce with high efficiency and do they meet your expectation?	☐ YES ☐ NO
How do you manage efficiency in your office? Please explain.	
Does your patient stay in the waiting room more than 10 minutes prior to being seated at the dental chair?	☐ YES ☐ NO
Do you have laser equipment, and if not, do you think laser technology will help attract more patients?	
How many assistants do you have presently?	
How many hygiene bays do you have?	
How many operator spaces are dedicated to hygiene?	
Would additional rooms or bays dedicated to hygiene produce more revenue to your practice?	
Are you losing production due to lack of operatory space? Please explain.	
Do you have enough operatory? Please explain.	
Have you examined or consulted with an architect regarding operation of your future office and how efficient that might become? Please explain.	
Have you examined how the future of dentists and dentistry would be impacted by your new physical environment?	

Have you examined if next generation of dentists will be attracted to your office due to state-of-the-art technology, equipment, physical environment, or any other aspect that makes you stand out above others? Please explain.	
How are you planning to increase your productivity and revenue? Please explain in detail.	
How are you planning to enhance your operations? Please explain in detail.	
How are you planning to enhance your staff productivity? Please explain in detail.	
STATE OF MIND	
What is it that you do not like about your existing practice? Please be specific and itemize each and everything you do not like.	
What are the things that you like about your existing practice? Please be specific and itemize each and everything you like.	
What are the things that you love about your existing practice? Please be specific and itemize each and everything you love.	
What are the things you would like to keep as is? Please be specific.	
Please describe your feelings about your practice in six words. Please note this is about how you feel when working your practice everyday; i.e. depressing, cluttered, dark, phobic, awesome...	
Does your team “can’t wait” to get out of the office right at 5:00pm?	☐ YES ☐ NO
Please explain why.	
What can you do to keep your team longer at the office?	
Have you ever thought about what to do to enhance your team’s state of mind and if so what are your thoughts?	
Have you ever thought about what to do to enhance patient experience and if so what does that entail?	
Why have you not done anything about it until now? Please explain.	
What are the limitations that have stopped you from doing this?	

What are the risks that have stopped you from doing this?	
What do you think the benefits are if you move forward and take the risk?	
VISION	
What is your vision for your new practice?	
How do you see yourself in this practice in the next 10 to 15 years?	
Will you have associates or partners in this practice within the next 10 to 15 years?	☐ YES ☐ NO
How many days do you foresee yourself working now and within the next 10 to 15 years?	
Are you planning to sell the practice and its patients in the future?	☐ YES ☐ NO
Are you planning to sell the real estate (if you own it) or keep the real estate and collect rent but the sell practice?	☐ YES ☐ NO
Has your vision changed from what presently you are practicing or is this vision been with you all along and it's now time to implement it? Please explain.	
How do you see your practice evolving in the future?	
Will you be adding additional services to the practice, if so what are they? Please explain.	
Is this a multidisciplinary practice or one speciality or general practice? Explain your vision of the type of care you will be providing in the future.	
Are you planning to have additional practices in the future?	☐ YES ☐ NO
Are you aiming at making a brand to multiply your practice?	☐ YES ☐ NO
Why are you choosing to purchase or lease this certain sqft that you have in mind? Please explain.	
Does this certain sqft relate to your vision? Please explain.	
How are you planning to increase revenue in your practice, and is this part of your vision? Please explain.	
Why are you opening this new practice?	

Do you have an exit strategy in mind? Please explain.	
How will you attract the next generation of dental professionals in your practice? Please explain.	
How can you be on the top of your game in the next 15 years? Please explain.	
Do you consider yourself among dental professionals that want to make a change in the future of dentistry and how are you planning to do it?	
Have you examined what future dental millennials are requiring to practice dentistry?	
Are you looking for someone to create the following branding items for your business? *(check all that apply)*	☐ Logo ☐ Website ☐ Business cards ☐ Flyers ☐ Forms
Please describe in detail how you would envision the future physical environment of your new dental office.	
Do you think this could help patient experience and staff productivity? Why? Please explain.	

BUDGET

Do you have a realistic budget established for your new practice?	☐ YES ☐ NO
If yes, what is your budget and why?	
How did you come up with this budget?	
Please rate from 1 to 10 (10 being the highest end and 1 being the lowest end): In regards to interior finishes, qualities, and how the end resulted space looks like, what number would you choose?	
Based on the number you chose, does that correspond with the type of clientele you intend to attract or is this solely personal?	
Do you want the interioror environment to match the type of clientele you care for or does it matter?	
Did you know budget is directly related to the cost of finish materials but does not relate to how the space would feel like?	☐ YES ☐ NO
Does your budget match your vision?	☐ YES ☐ NO ☐ I don't know
Have you contacted an architect or general contractor to ask about construction cost and if so what did you hear? Please explain.	

Do you know what Design Built vs. Design BID is?	☐ YES ☐ NO
Please explain.	
Do you know the difference between construct budget and project budget? Please explain.	
TIMELINE	
How soon are you planning to move in to your new space? Please provide a date.	
Are you leasing at the present time and if so when does your lease end?	
Can you continue leasing month to month should you need it?	☐ YES ☐ NO
Have you contacted an architect or general contractor to ask about the timeline they require to design and build your office and if so what did you hear?	
Have you negotiated your new lease or closing dates if you are purchasing?	
DESIGN & CONSTRUCTION PROCESS	
Have you discussed the architectural design process and building permit with an architect?	☐ YES ☐ NO
Do your designers have an architectural license to practice architecture?	☐ YES ☐ NO
Have you checked the limit of professional liability insurance of your architect?	☐ YES ☐ NO
If the builder is designing your practice, have you checked to see if they have licensed architects on their payroll or will they be farming out the drawings to an architect you will never meet? Licensed architects on payroll	☐ Licensed architects on payroll ☐ Farmed out architecture
Do the builders employee licensed professionals such as licensed interior designers to work on your project? Yes	☐ YES ☐ NO
If the builder is designing and building your project, are they introducing you to professionally licensed architects, engineers, and interior designers for you to work with them, or does the builder representative works with you directly?	☐ Direct introduction ☐ Builder representative
Do you think if the builder designs and builds your practice it will be less expensive? If yes, please explain?	
Does your builder give you the design for free? Yes	☐ YES ☐ NO

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Do you know the benefit of working with a licensed architect and interior designer over working with non-licensed, individuals? Yes	☐ YES ☐ NO
Have you been explained the material cost and total project cost with your architect?	☐ YES ☐ NO
Do you know what is the difference between construction cost and project cost? Please explain.	
Do you know what is the role of an architect is during the design process as well as the construction period? Please explain.	
Do you know how important it is to work with an architect who is an expert in designing the surgery / medial environment?	☐ YES ☐ NO
Do you intend to work with a builder who is an expert in building Surgery suites/ Medical practices?	☐ YES ☐ NO

Please remit this MEDICAL QUESTIONNAIRE form to **info@kohaninc.com**.

Someone from KOHAN will contact you shortly to discuss your tier fees.