

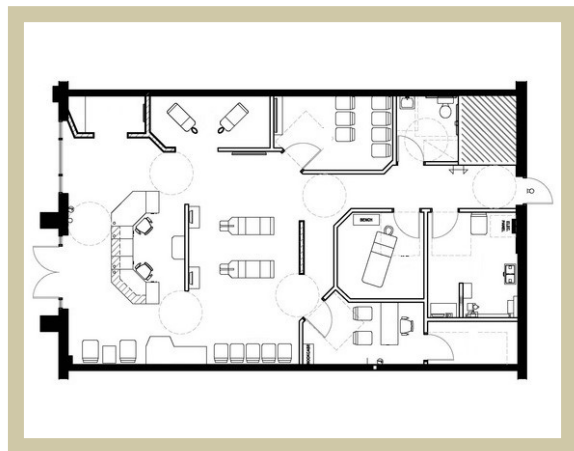
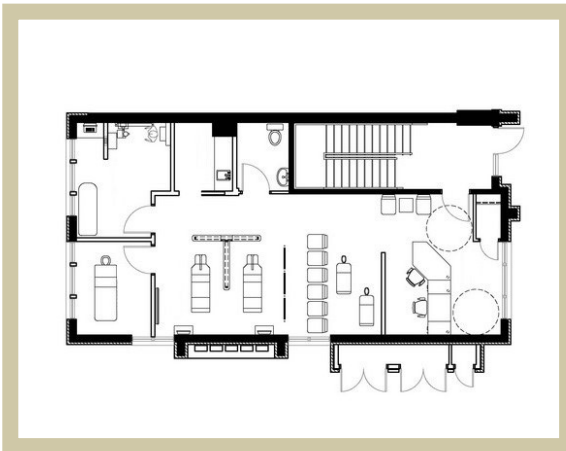
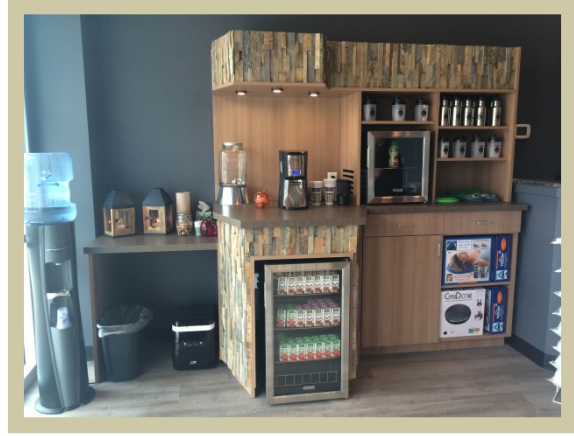


**ChiroDesign Group**

(512) 301-0821

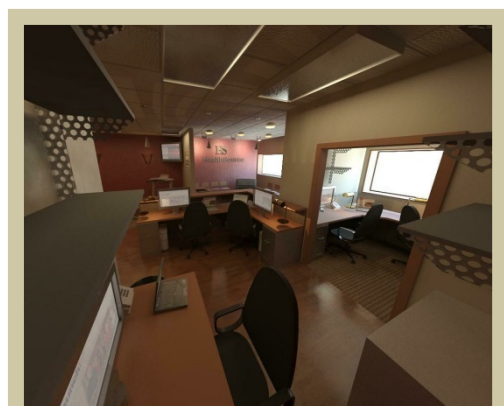
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## SPACE PLANNING ASSESSMENT



**\$799 up to 2000 sqft**  
for 2D Modeling

**Also, we NOW offer 3D Design!**





# ChiroDesign Group

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## Current Clinic Information

|                     |                          |              |
|---------------------|--------------------------|--------------|
| <b>Clinic Name:</b> | <b>Doctor Name:</b>      |              |
| <b>Address:</b>     | <b>City, State, Zip:</b> |              |
| <b>Work Phone:</b>  | <b>Fax:</b>              | <b>Cell:</b> |
| <b>E-mail:</b>      | <b>Website:</b>          |              |

## Doctor Information

|                                      |  |        |
|--------------------------------------|--|--------|
| <b>Primary Technique:</b>            |  |        |
| <b>Number of Years in Practice:</b>  | <b>Relocation:</b>                     | YES NO |
| <b>Is this an additional office?</b> | YES NO                                 |        |
| <b>If Yes, New Doctor's Name:</b>    | <b>New Dr. # of years in practice:</b> |        |

## New Clinic Information

|   |                                  |                          |
|---|----------------------------------|--------------------------|
| <b>Clinic Name:</b>                               | <b>Doctor Name:</b>              |                          |
| <b>Address:</b>                                   | <b>City, State, Zip:</b>         |                          |
| <b>Work Phone:</b>                                | <b>Fax:</b>                      | <b>Cell:</b>             |
| <b>E-mail:</b>                                    | <b>Website:</b>                  |                          |
| <b>Current Square Footage:</b>                    | <b>Expansion Square Footage:</b> |                          |
| <b>Is new space an existing office:</b>           | YES NO                           | <b>New Build:</b> YES NO |
| <b>Type of Coaching Group and Coach (if any):</b> |                                  |                          |
| <b>Current Patient Flow per Week:</b>             | <b>Desired Flow per Week:</b>    |                          |

## Front Entrance

|  |           |       |           |           |              |
|--|-----------|-------|-----------|-----------|--------------|
| <b>Number of Desired Reception Chairs:</b>                 |           |       |           |           |              |
| <b>Circle any equipment and furniture used or desired:</b> |           |       |           |           |              |
| Patient Library  | End Table | Media | Coat Rack | Kids Area | Book Shelves |



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**Merchandise**

|  |          |                |       |
|--|----------|----------------|-------|
| <b>Which if any of the listed do you feel is necessary in your office?</b> |          |                |       |
| <b>Supplemental Stations:</b>  | Vitamins | Weight Loss    |       |
| <b>Product Stations:</b>   | Pillows  | Traction Units | Books |

**Reception Desk**

|   |                             |                             |
|---|-----------------------------|-----------------------------|
| <b>Desired Desk Style &amp; Shape:</b>            |                             |                             |
| <b>Desk Check In &amp; Check Out Stations:</b>    | Check In                    | Check Out                   |
| <b>CA's Working Full Time in Front Desk Area:</b> | <b>Current CA Quantity:</b> | <b>Desired CA Quantity:</b> |
| <b>File Storage Integrated into Front Desk:</b>   | YES                         | NO                          |

**Billing Area**

|  |                        |
|--|------------------------|
| <b>Which type of billing system will work best in your office:</b> |                        |
| Private Billing Room   | Semi-open Billing Room |

**Exam Rooms**

|   |                                    |                    |
|---|------------------------------------|--------------------|
| <b>Is an Exam/X-Ray Combination okay?</b> Y / N | <b>Exam Rooms Only – Quantity?</b> | <b>Sink?</b> Y / N |
| <b>Additional Diagnostic Equipment Used:</b>    |                                    |                    |
|   |                                    |                    |

**X-Ray Room**

|   |            |               |
|---|------------|---------------|
| <b>Type of x-ray system is used in your office:</b> |            |               |
| Digital   | Film Based | No X-ray Unit |

**Report / Consultation Room**

|                    |                 |                    |               |
|--------------------|-----------------|--------------------|---------------|
| <b># of Rooms:</b> | <b>Style of</b> | Individual Reports | Group Reports |
|--------------------|-----------------|--------------------|---------------|



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|  |  |                |              |
|--|--|----------------|--------------|
| <b>Reports:</b>  |  |                |              |
| <b>Will consult room be used as a working Dr's office or for consult only:</b> |  | Working Office | Consult Only |
| <b>Other Equipment Needed in ROF Room:</b>                                     |  |                |              |

**Adjusting Area**

|  |    |     |                                     |             |
|--|----|-----|-------------------------------------|-------------|
| <b>Desired Location in clinic:</b> FRONT SIDE BACK                         |    |     | <b>Adjusting Tables – Quantity:</b> |             |
| <b>Table Manufacturer &amp; Model:</b>                                     |    |     |                                     |             |
| <b>Open Format Style: (T-bars, L-bars, Permanent ½ Walls, etc):</b> YES NO |    |     |                                     |             |
| <b>Closed Room Adjusting: (Separate Adjusting Room with Walls):</b> YES NO |    |     |                                     |             |
| <b>Computer Station in Each Room:</b> YES NO                               |    |     |                                     |             |
| <b>Seating Outside of Adjusting Room/Area (Jump or Hot Seats):</b> YES NO  |    |     |                                     |             |
| <b>Media desired:</b>  | TV | VCR | DVD                                 | Flat Screen |
| <b>Software Utilizing:</b>   |    |     |                                     |             |

**PT Active Area/Rehab**

|  |  |                   |                |   |
|--|--|-------------------|----------------|---|
| <b>Desired Location in Clinic:</b> FRONT SIDE BACK |  |                   |                |   |
| <b>Format Best in Your Office:</b>                 |  | Open Format Style |                | Closed Room Style                       |
| <b>Equipment Used or Desired:</b>                  |  | Balance Balls     | Abdominal Unit | Tread Mill                              |
|  |  | Leg Curl Unit     | Low Back Unit  | Cervical Unit                           |
| <b>Massage Chair:</b> YES NO                       |  | <b>Quantity:</b>  |                | <b>Water Cooler:</b> YES NO             |
| <b>Hydrocullator:</b> YES NO                       |  | <b>Quantity:</b>  |                | <b>Freezer:</b> YES NO <b>Quantity:</b> |
| <b>Other Equipment:</b>                            |  |                   |                |   |

**PT Passive**

|  |  |                   |        |                      |
|--|--|-------------------|--------|----------------------|
| <b>Desired Location in Clinic:</b> FRONT SIDE BACK |  |                   |        |                      |
| <b>Format Best in Your Office:</b>                 |  | Open Format Style |        | Closed Room Style    |
| <b>Equipment Used or</b>                           |  | Ultra Sound       | E-Stem | Aqua Table           |
|  |  |                   |        | Intersegmental Table |



|                         |     |    |                  |                      |     |    |
|-------------------------|-----|----|------------------|----------------------|-----|----|
| <b>Desired:</b>         |     |    |                  |                      |     |    |
| <b>Massage Chair:</b>   | YES | NO | <b>Quantity:</b> | <b>Water Cooler:</b> | YES | NO |
| <b>Hydrocullator:</b>   | YES | NO | <b>Quantity:</b> | <b>Freezer:</b>      | YES | NO |
| <b>Other Equipment:</b> |     |    |                  |                      |     |    |

**Massage**

|                                    |                   |                   |
|------------------------------------|-------------------|-------------------|
| <b>Quantity of Rooms Desired:</b>  |                   |                   |
| <b>Format Best in Your Office:</b> | Open Format Style | Closed Room Style |

**Doctors Office**

|                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <b>Quantity of Rooms Desired:</b>    | <b>Size:</b> Small    Medium    Large | <b>How Many Doctors?</b>                              |
| <b>Separate Consult Table:</b> Y / N | <b>Type of Office:</b>                | Functional Office    Office for Patient Consultations |

**Break Room**

|                                   |                |              |                |         |
|-----------------------------------|----------------|--------------|----------------|---------|
| <b>Break Room in Clinic:</b>      | YES            | NO           |                |         |
| <b>Equipment Used or Desired:</b> | Washer & Dryer | Refrigerator | Table & Chairs | Storage |

**Miscellaneous Rooms / Equipment**

|                              |     |    |
|------------------------------|-----|----|
| <b>Use of Storage Area:</b>  | YES | NO |
| <b>Patient File Storage:</b> | YES | NO |

**Anything else you feel like we should know?**

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If floor plan is available from Dr., Leasing Agent, Property Management, or Architect; please email [marie@chirodesigngroup.com](mailto:marie@chirodesigngroup.com) or fax to ChiroDesign Group at (214) 291-2564. If not available; please draw information on last page. Make sure and be very detailed including dimensions and locations for doors and windows.



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**Space Planning Services Agreement**

Baseline + (4) Revisions of the Same Floor Plan. For 2-D Modeling, "Revisions" are defined as drawings showing a top view of the space. Please understand it is the doctor's/clients responsibility to provide accurate dimensions to create the baseline. ChiroDesign Group will create up to two baselines prior to utilizing any of the (4) revisions allotted for your space planning. Please allow plenty of time to measure your existing space.

Revisions will be created, generated, and provided to the doctor/clinic at the pace of approximately one Revision per week. If CDG can provide at a quicker pace, we will gladly do so. If the doctor/client requests an accelerated pace, both CDG and the Doctor will agree on a schedule and a 25% rush fee will apply.

Once the space dimensions are received via fax or in person to ChiroDesign Group (CDG), our office will contact the office to schedule the first consultation call, if needed, to begin the design process.

CALLS Included in the Design Services

The first Call or onsite appointment, which will take up to 30-45 minutes to clarify any missing details from the questionnaire and the provided drawing.

Please allow up to 30 minutes for each of the 2<sup>nd</sup> thru 6<sup>th</sup> calls. If the doctor requests additional phone time, fees will be determined at the time of the request.

Second Call, Takes place to review the baseline and to move onto the 1<sup>st</sup> Revision.

Third Call, Takes place to review Revision 1 and to discuss changes for Revision 2

Fourth Call, Takes place to review Revision 2 and to discuss changes for Revision 3

Fifth Call, Takes place to review Revision 3 and to discuss changes for Revision 4

Sixth Call, Takes place to review Revision 4 and to finalize the design process and to determine if modular furniture or equipment is needed. If necessary, ChiroDesign Group will provide a written quote of requested items.

I understand and agree to the services offered by ChiroDesign Group (CDG). If client choses 2-D AutoCAD modeling, ChiroDesign Group has permission to charge my credit card (or client can fax or hand deliver a check) in the amount of \$799.00 for up to 2000 sq ft, and any square footage over 2000 sq ft at a rate of \$.39/sq ft., for services rendered. Additional Revisions are available, for up to 2000 square feet offices, at a rate of \$195 per model. All sales are final.

Onsite dimension acquisition will be charged at a rate of \$45/hour.

For 3-D modeling, CDG has permission to charge my credit card, in the amount of \$1598, for up to 2000 sq. ft., and any additional square footage over 2000 sq ft, will be at a rate of \$.70/sq. ft. The first 2 models will be provided in 2-D AutoCAD, and the last 2 Revisions will be provided in 3-D Modeling.

Drawings, specifications, reports, and other documents, including those in electronic format, prepared by CDG and any consultants are Instruments of Service for use solely with respect to this Project and shall remain the property of CDG or consultant. CDG and any consultant shall be deemed the authors and owners of their respective Instruments of Service and shall remain all common law, statutory and other reserved rights, including copyrights.

Upon execution of this agreement, CDG grants to the Owner the right to use and reproduce the Instruments of Service solely for purposes of constructing, using and maintaining this individual Project, provided the Owner shall comply with all obligations, including prompt payment of all fees when due, under this agreement. Any termination of this agreement prior to the completion of the project shall terminate this right. If the agreement is terminated, the owner shall not make any further reproductions of the Instruments of Service and shall return to CDG, within seven days of termination, all originals and reproductions in the Owners or Contractor's possession or control.

Any unauthorized use of the Instruments of Service Shall be at the Owner's sole risk and without liability to CDG and any consultants.

\_\_\_\_\_  
Doctor/Client Signature

\_\_\_\_\_  
Date

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

**Billing** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



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**Construction Document Services Agreement**

Once your space planning services are complete, ChiroDesign Group offers Construction Document services for Chiropractic Clinic Clients for a price point of \$1999. Please see details of Services Below:

❖ **Full Construction Docs** – Includes

- Final Approved Floor Plan with details of the following:
- Cover & Specifications Page
- Project & Finish Schedule
- Floor Finish Plan with materials schedule
- Suggested Electrical Placement Plan
- Reflected Ceiling Plan
- Paint Finish Plan
- All Interior Elevations
- Includes printing of 2 sets of FINAL construction documents in 24x36 landscape format, with standard delivery
- Includes ongoing communication between CDG and the HIRED General Contractor until job completion
- Includes bid assistance with up to a maximum of 2 Contractors bid submission
- **Does NOT include any architectural Sign Off**
  - Full Construction Docs - \$1999 - **Initials to select this service** \_\_\_\_\_

All Sales are Final.

**IF** architectural sign off is needed in your Jurisdiction, there is an additional fee for that service. CDG works directly with an architect that is licensed in various states. If his services are needed, his fee is an average range of \$550-\$950 plus printing and shipping expenses (Architectural fees vary and can be confirmed if needed). Once we know your address of your new location, we will know if architectural sign off is needed. If MEP Drawings are needed in your Jurisdiction, there will be additional fees for these services. MEP's fees vary from state to state and we will work to assist you in locating the most affordable option.

Steps of the process are as follows:

- ChiroDesign Group (CDG) provides Construction Document (CD) Set #1 to the Client
- Client reviews, marks up and replies in writing, via one email communication, with the requested changes
- CDG acknowledges receipt of these changes & then provides the Client with the FINAL CD Set #2
- Client is to approve in writing that CD Set #2 is final, approved and ready for submittal to the architect
- PLEASE NOTE if a CD Set #3 is required, additional fees will apply
- CDG then forwards the final CD Set #2 to the architect
- Architect reviews, marks up, and submits to CDG for any changes
- CDG makes changes and resubmits to architect for final approval
- Signed/Sealed CD Set #2 is released to Client and/or GC for submittal for construction to begin

Drawings, specifications, reports, and other documents, including those in electronic format, prepared by CDG and any consultants are Instruments of Service for use solely with respect to this Project and shall remain the property of CDG or consultant. CDG and any consultant shall be deemed the authors and owners of their respective Instruments of Service and shall remain all common law, statutory and other reserved rights, including copyright.

Upon execution of this agreement, CDG grants to the Owner, the right to use and reproduce the Instruments of Service solely for purposes of constructing, using and maintaining this individual Project, provided the Owner shall comply with all obligations, including prompt payment of all fees when due, under this agreement. Any termination of this agreement prior to the completion of the project shall terminate this right. If the agreement is terminated, the owner shall not make any further reproductions of the Instruments of Service and shall return to CDG, within seven days of termination, all originals and reproductions in the Owners or Contractor's possession or control.

Any unauthorized use of the Instruments of Service Shall be at the Owner's sole risk and without liability to CDG and any consultants.

\_\_\_\_\_  
Doctor/Client Signature

\_\_\_\_\_  
Date

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

CSV Code \_\_\_\_\_

**Billing** Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_





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Or if you choose, you can select an "al-la carte" option if you choose. See the list of "al-la carte" services below:

Details of Services Below:

- ❖ **Reflected Ceiling Plans** – includes placement of fixtures/lighting. Switch specification as to which switches control which outlet and details of each control. Includes Initial Drawing and one Modification
- ❖ RCP - \$295 – **Initials to select this service** \_\_\_\_\_
- ❖ **Schedule of Fixtures** – includes specification of suggested lighting and fixtures to utilize in plan. Includes Initial Drawing and one Modification
- ❖ Schedule of Fixtures - \$295 - **Initials to select this service** \_\_\_\_\_
- ❖ **Suggested Electrical Placement Plans** – includes placement of electrical, data and phone lines and outlets. Includes Initial Drawing and one Modification
- ❖ Elec Placement - \$295 - **Initials to select this service** \_\_\_\_\_
- ❖ **Finish Floor Plan** – includes Floor plan selections (carpet, tile, wood, etc) and placement. Includes Initial Drawing and one Modification
- ❖ Finish Floor Plan - \$295 - **Initials to select this service** \_\_\_\_\_
- ❖ **Paint Finish Plan** – includes Paint Finish Selections, assistance with selecting paint preferences and specific indication of paint specification per wall. Also includes Material Schedule Detail. Includes Initial Drawing and one Modification
- ❖ Paint Finish Plan - \$295 - **Initials to select this service** \_\_\_\_\_
- ❖ **Elevation Drawings** – available upon request and quoted at time of request

**IF** architectural sign off is needed in your Jurisdiction, there is an additional fee for that service. CDG works directly with an architect that is licensed in various states. If his services are needed, the fee is a range could vary and we will quote you before any services are rendered. Once we know your address of your new location, we will know if architectural sign off is needed. If MEP Drawings are needed in your Jurisdiction, there will be additional fees for these services. MEP's fees vary from state to state and we will work to assist you in locating the most affordable option.

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\_\_\_\_\_  
Doctor/Client Signature

\_\_\_\_\_  
Date

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

**Billing** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_