HEALTH & WELLNESS

MARKETING LAB

FOR CLINIC OWNERS AND SALES LEADERS

THE CONSULT CALENDAR PLAYBOOK

7 leaks between the first inquiry and the booked patient, and how to close each one.



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START HERE

Most clinics think they have a lead problem. Usually they have a leak problem.

A patient who is weighing a five figure treatment does not decide on the first call. They research for weeks or months, talk to their spouse, read every review, and watch every video. Every day in that window is a chance to lose them to a slower reply, a missed text, or a competitor who simply followed up.

This playbook walks through the 7 leaks we see most often between the first inquiry and the booked patient. None of them need a bigger ad budget. All of them need a system.

01 **Slow First Response**

02 **One Channel Follow-Up**

03 **No Shows on the Consult**

04 **Price Before Value**

05 **No Plan for the Long Decision**

06 **Proof Collected at the Wrong Time**

07 **Tracking Leads Instead of Patients**

01

SLOW FIRST RESPONSE

WHAT HAPPENS NOW

An inquiry comes in at 8:40 PM. Someone calls back the next afternoon. By then the patient has filled out two other forms and talked to the clinic that answered first.

THE FIX

1. Answer every new inquiry with an automatic text within 60 seconds, in a human voice, with a question they can reply to.
2. Route the inquiry to a named person, with a call task due inside business hours.
3. Track first response time per coordinator, every week.

> WHAT TO MEASURE
>
> Median minutes from form submit to first human contact.

02

ONE CHANNEL FOLLOW-UP

WHAT HAPPENS NOW

The coordinator calls twice, gets voicemail, and marks the lead cold. Many people screen unknown numbers and would have answered a text or an email.

THE FIX

1. Run every lead on three channels: call, text and email, on a set schedule.
2. Leave a short voicemail that gives one reason to call back.
3. Stop the sequence the moment they reply, so it never feels like a robot.

> WHAT TO MEASURE
>
> Contact rate: percent of new leads you actually speak with.

03

NO SHOWS ON THE CONSULT

WHAT HAPPENS NOW

The consult is booked, the doctor blocks the time, and the patient never shows. Nobody reminded them, and nobody followed up after.

THE FIX

1. Send a confirmation right away, a reminder the day before and one an hour before.
2. Include the who, the when and the link in every reminder. No digging.
3. Call every no show within the hour and offer two new times.

> WHAT TO MEASURE
>
> Show rate: consults attended divided by consults booked.

04

PRICE BEFORE VALUE

WHAT HAPPENS NOW

The first question is "How much is it?" and the coordinator answers with a number. Without context, any number for a premium treatment sounds high.

THE FIX

1. Ask about their goals, their history and what they have tried before you talk price.
2. Explain what the process includes, step by step, before the investment.
3. Share a range in writing after the consult, with financing options if you offer them.

> WHAT TO MEASURE
>
> Consult to treatment rate, split by who ran the consult.

05

NO PLAN FOR THE LONG DECISION

WHAT HAPPENS NOW

A large share of serious patients take months to decide. After two weeks of silence, most clinics stop talking to them.

THE FIX

1. Build a 12 month nurture: one useful email or video every week or two, never a hard sell.
2. Mix education, patient stories told within the rules, and answers to common questions.
3. Re-engage your old leads list every quarter with something new to say.

> WHAT TO MEASURE
>
> Patients booked from leads older than 90 days.

06

PROOF COLLECTED AT THE WRONG TIME

WHAT HAPPENS NOW

Reviews and stories get requested months later, or never. The patient who was thrilled in week six is busy by month six.

THE FIX

1. Ask for a review at the moment the patient tells you they feel the difference.
2. Make it one tap: a text with a direct link to the review page.
3. Get written consent before you share any patient story, every time.

> WHAT TO MEASURE
>
> New reviews per month, and your average rating.

07

TRACKING LEADS INSTEAD OF PATIENTS

WHAT HAPPENS NOW

The marketing report says 300 leads. Sales says they were junk. Nobody can say which channel produced patients who actually paid.

THE FIX

1. Tag every inquiry with its source the moment it arrives.
2. Carry that tag through consult, treatment and payment.
3. Judge every channel on cost per booked patient, not cost per lead.

> WHAT TO MEASURE
>
> Cost per booked patient, by channel, every month.

NEXT STEP

WANT US TO FIND YOUR LEAKS?

One 15 minute call. We look at how inquiries move through your clinic today and show you the two leaks costing you the most booked patients. No pressure, no quote form.



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BOOK A 15 MINUTE CALL