TheraCRM.pro



A SOUTH FLORIDA INTAKE PLAYBOOK

The Medical Intake Playbook

Fifteen plays for the first conversation with a new patient, from the referral that arrives on a Friday to the assistant who calls for someone else. Written for South Florida practices, in English and Spanish, inside the rules your license carries.

15	3	12	1
PLAYS	NUMBERS	MONTHS	PAGE OF RULES

FROM THE THERACRM.PRO RESOURCE LIBRARY

ADAY INTERACTIVE, INC. · CORAL GABLES, FL

START HERE

Most medical practices don't lose patients in the exam room. They lose them before the first visit.

> A referral sits in a fax tray. A voicemail waits until Monday. A Spanish-speaking caller gets an English menu and hangs up. None of these show up on a report, and all of them cost a new patient.
>
> **The fix is rarely more marketing. It is a faster, clearer, bilingual first reply, and follow-up that knows when to stop.**

This playbook is about intake: everything between the moment someone reaches out and the moment they sit in your waiting room. Referrals, web forms, calls after hours, the executive assistant booking for a boss, the parent calling about a teenager's knee.

Each play fits on one page. It says why the play works, gives you a table or a script, names the rule that applies, lists three things to do on Monday, and tells you which number to watch.

TheraCRM.pro is the intake system we build and support from Coral Gables. You do not need it to run these plays. Every one of them works with a phone, a shared inbox and a disciplined front desk. Where software helps, we say how.

One thing runs through every page: intake collects logistics, not medicine. Who is coming, the type of visit, when they can come, how they pay, and which language they prefer. Clinical questions belong to your clinical team.

The TheraCRM.pro team at Aday Interactive, Inc., Coral Gables

WHO THIS IS FOR

Physicians and practice owners

Primary care, concierge and specialty practices deciding where the front desk spends its time.

Practice managers

Responsible for the schedule, the referral log and the numbers the owner asks about.

Front desk and intake coordinators

Where every one of these plays happens, one call, text or form at a time.

What this is not: an ad strategy, a clinical protocol, or a billing guide. Nothing here changes how you practice medicine. Who may answer a clinical question is your physicians' decision, and every play assumes that.

Not legal or medical advice. TheraCRM.pro is an intake and follow-up system operated by Aday Interactive, Inc. It is not a healthcare provider or a law firm, and nothing in this playbook is medical, clinical, or legal advice. Whether your practice is a covered entity, and how a rule applies to you, is a question for your counsel and your compliance lead. Check every rule before you act on it.

WHAT'S INSIDE

01 · KNOW YOUR NUMBERS

01 Count every inquiry, not just every booking

02 Watch the three numbers that predict next month

02 · THE FIRST REPLY

03 Answer the new-patient inquiry in under a minute

04 Work the referral before the patient forgets it

05 Answer in the language they wrote in

06 When someone else is calling for the patient

03 · BY SPECIALTY

07 Concierge medicine: intake is the membership

08 Dermatology: route the changing mole, never reassure it

09 Plastic surgery: from consult to a surgery date

10 Orthopedics and sports medicine: referral, imaging, payer

04 · FOLLOW-UP THAT STOPS

11 Follow up on the inquiry that did not book

12 Cut first-visit no-shows with the right reminders

13 Reach back out when a slot opens

05 · RULES AND TRUST

14 Send emergencies to a person, every time

15 Keep intake inside HIPAA and Florida's rules

THEN

. Twelve months of intake

. Tape this to the front desk

. Your first thirty days

. The rules on one page

. How TheraCRM.pro helps

YOUR INTAKE MAP

Know where new patients actually come from.

Every inquiry arrives through a door. Some doors get answered in a minute and some wait a day. This map shows you which is which.

Fill in how many new-patient inquiries came through each door last month, and how many of them booked a first visit. The doors with many inquiries and few bookings are where the next month's work is.

Most practices find the same thing: the phone after 5 PM and referrals that arrive by fax or portal are the slowest doors, and they carry some of the most ready patients.

INQUIRY DOOR	WHAT USUALLY DECIDES IF IT BOOKS	LAST MONTH
Physician referrals	How fast someone calls the patient after the referral lands, and who owns the referral log	
Phone, business hours	Whether a person answers or the call rolls to a full voicemail	
Phone, after hours	A text back within a minute, and a call the next morning by a named person	
Website form	A reply with real appointment times, not a promise to call back	
Directory and insurer listings	The listed phone, hours and providers matching what is true today	
Assistants and family calling for someone	Whether intake records who is calling and who the patient is	
Existing patients referring family	Whether the desk asks, and whether the new chart notes the source	

Pull this from your phone system, your inbox and your referral log. If you cannot count inquiries by door, that is the first fix, before any of the plays below.

01 · KNOW YOUR NUMBERS

01 Count every inquiry, not just every booking

Your schedule shows the patients who booked. It does not show the ones who called once, waited, and booked somewhere else.

WHY IT WORKS

A practice that counts only bookings cannot tell a slow month from a slow front desk. When you count inquiries too, the gap between the two numbers becomes visible, and that gap is where patients leave.

Counting also settles arguments. "We are busy" and "we are missing calls" can both be true, and the log shows which matters more this week.

RECORD FOR EVERY INQUIRY	WHY IT MATTERS
Date, time and door	Shows which hours and channels go unanswered
Who reached out, and for whom	Assistants and family call for patients; both need to be on the record
Preferred language	Lets you see whether Spanish inquiries book at the same rate
Payer type	Insurance, self-pay, membership, workers' comp or auto (PIP), recorded as a type only
Outcome	Booked, waiting, referred out, or no reply

STAY INSIDE THE RULES

Keep the log to logistics. The type of visit is enough, never the condition. No diagnoses, medications or member ID numbers in a spreadsheet, a text or an inbox. Where your practice is a covered entity, this log is part of what HIPAA protects, so **store it where access is limited by role**.

DO THIS MONDAY

1
Start a simple inquiry log with the five columns above.

2
Have every person who answers a call or form add a line, every time.

3
On Friday, count inquiries and bookings by door. Write both numbers down.

> **Watch:** inquiries and first visits booked, weekly, by door.

01 · KNOW YOUR NUMBERS

02 Watch the three numbers that predict next month

Revenue tells you about last month. These three tell you about the next one, while you can still change it.

WHY IT WORKS

Intake runs on speed, follow-through and fairness across languages. A practice that replies fast, books the referral before the patient forgets it, and treats a Spanish inquiry the same as an English one fills its schedule without buying more leads.

Track all three where the team can see them. Move one per quarter.

Time to first reply

MINUTES, NOT HOURS

From the moment an inquiry arrives to the first human or automatic reply that offers a time.

Referral-to-visit

BOOKED WITHIN 7 DAYS

The share of physician referrals with a first visit on the schedule within a week of arriving.

EN / ES split

SAME RATE, BOTH LANGUAGES

Inquiry-to-booking rate for English and for Spanish, side by side. Most practices have never seen it.

DO THIS MONDAY

1
Measure all three for last month, even roughly. It is a baseline, not a grade.

2
Post them by the front desk and review them in the Monday huddle.

3
Pick one to improve this quarter. Only one.

> **Watch:** all three, monthly, on one page the whole team sees.

02 · THE FIRST REPLY

03 Answer the new-patient inquiry in under a minute

A new patient who reaches a voicemail rarely leaves a message. They call the next practice on the list.

WHY IT WORKS

Speed matters most for the people who just decided to act: the patient with a new referral, the family member worried about a parent, the executive whose assistant has ten minutes to book. A reply that arrives while they are still on their phone keeps them.

Automation starts the conversation with a time to book. A person takes over the moment anything clinical, urgent or about money comes up.

Missed call	A text back within a minute: who you are, a booking link, and when a person will call.
Web form	A reply with two or three real appointment times, in the language of the form.
Lunch and 5 PM	A named person owns new-patient calls during the busiest hours. "Everyone" means no one.
End of day	No new inquiry carries into tomorrow without a reply. Make it a closing duty.

STAY INSIDE THE RULES

Automated texts need the person's consent on file, and Florida limits them to **three messages on the same subject in 24 hours** (Fla. Stat. 501.616(6)(b)). A reply to someone who just contacted you is fine; a sequence that keeps going is not. Scheduled follow-ups hold between 8 PM and 8 AM.

DO THIS MONDAY

1
Call your own number at 12:30 PM and at 6 PM. Time how long until the first reply.

2
Put a named new-patient owner on the schedule for every shift.

3
Write the missed-call text in English and Spanish and turn it on.

> **Watch:** time to first reply, and new-patient calls that reached no one.

02 · THE FIRST REPLY

04 Work the referral before the patient forgets it

A referral is a patient who already said yes to seeing you. The only question is whether you call before they lose the paper.

WHY IT WORKS

Referrals arrive by fax, portal, email and phone, often on a Friday afternoon. When nobody owns them, they wait. When a named person calls the patient the same day, most of them book.

Referring offices notice too. A practice that confirms the referral and reports the first visit gets the next one.

STEP	OWNER AND TIMING
Referral logged	Intake coordinator, the hour it arrives, with the referring office and the type of visit
Patient contacted	Same business day, by phone, then text, in the patient's language
First visit booked	Within seven days where possible, with pre-visit forms sent
Referrer told	A short note that the patient is scheduled, from your normal records process
Not reached	Two more tries over three days, then the referring office is told

STAY INSIDE THE RULES

Sharing scheduling status with the referring physician for treatment purposes is generally allowed under HIPAA, but **send records through your secure channel, never in a text or a plain email**. Intake collects the referral's logistics; the clinical summary stays in your chart.

DO THIS MONDAY

1
Name one owner for the referral log, with a backup for days off.

2
Look at last month's referrals and count how many never booked.

3
Set the rule: every referral gets a call the same business day.

> **Watch:** referral-to-visit within seven days, and referrals that never reached the patient.

02 · THE FIRST REPLY

05 Answer in the language they wrote in

In Miami-Dade, 75.3% of residents age 5 and older speak a language other than English at home (Census QuickFacts, ACS 2020–2024). A one-language front door turns many of them away.

WHY IT WORKS

A patient who writes in Spanish and gets an English reply often reads it as "this practice is not for me." They do not complain. They just do not book.

Bilingual intake is more than a translated form. It is the voicemail greeting, the missed-call text, the reminders, the pre-visit packet and a person who can take the call. Any English link in the chain breaks it.

TOUCHPOINT	CHECK IN SPANISH
Voicemail and phone menu	Does it offer Spanish in the first ten seconds?
Missed-call text and form reply	Does the reply match the language of the inquiry?
Reminders and pre-visit forms	Do they stay in Spanish for a patient who chose Spanish?
The person who calls back	Can they hold the conversation, or do they pass it around?

STAY INSIDE THE RULES

A consent to text is separate from the notice of privacy practices and should be **collected in the language of the form**, unchecked by default, with the date and version saved. Opt-out words in both languages (STOP, ALTO, PARE) must end every sequence at once.

DO THIS MONDAY

1
Send a Spanish inquiry to your own practice and follow it all the way through.

2
Note the first point where it switched to English. Fix that one first.

3
Add the patient's preferred language as a required field in your log.

> **Watch:** the EN / ES split: inquiry-to-booking rate in each language.

02 · THE FIRST REPLY

06 When someone else is calling for the patient

Executive assistants, adult children and family offices make many first calls in South Florida medicine. Intake has to know who is who.

WHY IT WORKS

The person on the phone is often not the patient. An assistant books around a CEO's travel. A daughter calls for her father. A family office arranges care for a principal who never fills out a form.

Record both people from the first contact. It keeps scheduling smooth, and it stops anyone from sharing what the patient has not allowed.

RISKY

Sure, I can tell you when his last visit was and what the doctor said.

Shares health information with someone the patient never authorized.

SAFE

I can book the appointment with you. For anything about his care, we will need his permission on file first.

Books the logistics, protects the record.

Illustrative examples. Bracketed names are placeholders, not real people.

STAY INSIDE THE RULES

Booking an appointment with an assistant is logistics. Discussing the patient's health with them is not, unless the patient has authorized it. **Keep a note of who may schedule and who may receive information**, and check it before every call.

DO THIS MONDAY

1. Add two fields to intake: who is calling, and who the patient is.
2. Write the safe script above into your front-desk guide, in English and Spanish.
3. Review which patients have an authorization on file for a family member or assistant.

> **Watch:** inquiries made on someone's behalf, and how many booked.

03 · BY SPECIALTY

07 Concierge medicine: intake is the membership

In a concierge practice, how fast and how personally you answer the first inquiry is a preview of the membership itself.

WHY IT WORKS

Prospective members compare practices on responsiveness before they compare on price. A same-day call from a named person tells them what membership will feel like. A form that disappears for two days tells them too.

Renewal is intake in reverse. The weeks before a renewal date are when a member decides whether the access they paid for was real. See theracrm.pro/industries/medical-practices/concierge-medicine/.

MOMENT	WHAT INTAKE DOES
First inquiry	A personal reply the same day, with a time for a short introductory call
Assistant or family office	Records who is arranging care and who the member will be
Membership questions	Sends the published membership terms. Fees and access are stated as the practice writes them
Renewal window	A reminder well before the date, and a call from the practice, not only an automated notice

STAY INSIDE THE RULES

Describe access exactly as your membership agreement does. "Same-day appointments" or "your physician's cell phone" are your practice's promises, not ours, and they must match the contract. Florida's rules on **automatic renewal require clear terms and an easy way to cancel**.

DO THIS MONDAY

1
Time your reply to a new membership inquiry from the website.

2
List every renewal due in the next 90 days and assign a personal call to each.

3
Check that the website's access language matches the membership agreement word for word.

> **Watch:** inquiry-to-introductory-call rate, and renewals kept.

03 · BY SPECIALTY

08 Dermatology: route the changing mole, never reassure it

Many dermatology inquiries are routine. A few describe a spot that is changing. Intake's job is to tell them apart without judging either.

WHY IT WORKS

The patient asking about acne and the patient worried about a mole both want a visit soon. Only one of them may need it very soon, and only a clinician can decide that.

Intake should offer a prompt visit to anyone who describes a changing or bleeding spot, and it should never say the spot sounds fine. See theracrm.pro/industries/medical-practices/dermatology/.

THE INQUIRY SAYS	INTAKE DOES
"A mole is changing" or "a spot is bleeding"	Flags it for a prompt visit and routes it to the clinical team the same day
Cosmetic or routine concern	Offers the next routine opening and records the type of visit
"Can I send you a photo?"	Explains photos are not accepted by text or chat and books a visit
Insurance or self-pay question	Records the payer type and sends the published self-pay information

STAY INSIDE THE RULES

No photos of skin by text, chat or email: **images belong in the clinical record, taken at the visit**. Intake never describes a spot as harmless, never estimates risk, and never delays a prompt visit to fit the routine schedule.

DO THIS MONDAY

1
Write the words that trigger a prompt-visit flag, in English and Spanish.

2
Hold two prompt-visit openings each week and track how they are used.

3
Remove any "send us a photo" option from your website and texts.

> **Watch:** time from a changing-mole inquiry to a booked visit.

03 · BY SPECIALTY

09 Plastic surgery: from consult to a surgery date

Plastic surgery inquiries take weeks to decide. Intake keeps the conversation going without pressure and without promises.

WHY IT WORKS

A prospective patient may research for months, book a consult, and then think for weeks. The practices that stay in touch with useful logistics (financing options, pre-consult forms, a reminder of the next step) keep the patient. The ones that push lose them.

After surgery, intake has a different job: any question about the recovery goes straight to the clinical team. See theracrm.pro/industries/medical-practices/plastic-surgery/.

STAGE	WHAT INTAKE SENDS
Inquiry	A consult time and the practice's published consult fee or policy
After the consult	The quote the surgeon wrote and the financing options the practice offers, nothing more
Thinking it over	One check-in at a time, spaced out, and a stop the moment the patient says no
After surgery	Any recovery question goes to the clinical team at once, never answered by automation

STAY INSIDE THE RULES

Results claims must be truthful and typical, and before-and-after photos need the patient's **written authorization**. Intake never promises a result, never describes a procedure as risk-free, and never offers a discount for booking by a deadline the practice did not set.

DO THIS MONDAY

1
List every consult from the last 90 days with no surgery date and no clear no.

2
Write one respectful follow-up for them, in English and Spanish.

3
Make the post-op rule explicit: recovery questions go to a nurse the same day.

> **Watch:** consult-to-surgery-date rate, and time to answer a post-op question.

03 · BY SPECIALTY

10 Orthopedics and sports medicine: referral, imaging, payer

Orthopedic intake is mostly logistics: the referral, the imaging, the payer type, and an appointment soon enough to matter.

WHY IT WORKS

Many orthopedic patients arrive with a referral and imaging done elsewhere, or after a work injury or a car accident. Intake that records the payer type correctly at the start saves days of back-and-forth later.

Sports injuries come in waves with the seasons, and parents call for teenage athletes. See theracrm.pro/industries/medical-practices/orthopedics-sports-medicine/.

INTAKE RECORDS	HOW
Referral and imaging	Who referred, and where the imaging was done, so records can be requested
Payer type	Insurance, self-pay, workers' comp or auto (PIP), as a type only
Who is calling	The patient, a parent for a minor athlete, or an employer's representative
Urgency	Sudden severe pain or a post-op wound problem goes to the clinical team at once

STAY INSIDE THE RULES

Record workers' compensation and PIP as **payer types only**. Intake does not advise on claims, coverage or legal questions. A minor's parent or guardian is the contact. Anyone describing an emergency is told to call 911 or go to the nearest emergency room.

DO THIS MONDAY

1. Add payer type as a required field, with workers' comp and PIP as options.
2. Write the records-request step for outside imaging into your intake checklist.
3. Check your fall and spring sports-season calendar for extra openings.

> **Watch:** days from inquiry to first visit, by payer type.

04 · FOLLOW-UP THAT STOPS

11 Follow up on the inquiry that did not book

Most patients who do not book on the first contact are not saying no. They are busy. A short, polite follow-up brings many of them back.

WHY IT WORKS

One reply and silence is the most common intake pattern. A second and third touch, spaced out and in the right language, give the patient room to come back on their own schedule.

The follow-up has to stop as soon as the patient books, replies, or asks to be left alone. A sequence that keeps going after that is worse than none.

WHEN	WHAT
Same day	The first reply, with times to book
Day 2	A short text: "Still looking for a time? Here are two openings this week."
Day 5	An email with the booking link and the practice phone number
Then	Stop. The inquiry moves to a no-reply list you review monthly

STAY INSIDE THE RULES

Every automated text needs consent on file, holds between **8 PM and 8 AM**, stays within three messages on one subject in 24 hours, and ends the moment the person replies STOP, ALTO or PARE. Reminder previews show the practice name and a time, never a reason for the visit.

DO THIS MONDAY

1
Write the day-2 and day-5 messages in English and Spanish.

2
Set the rule that any reply or booking stops the sequence.

3
Pull last month's inquiries that never booked and send the day-5 message once.

> **Watch:** inquiries recovered by follow-up, and opt-outs.

04 · FOLLOW-UP THAT STOPS

12 Cut first-visit no-shows with the right reminders

A new patient who does not show for the first visit is an inquiry you paid for twice. Reminders and a pre-visit packet cut most of it.

WHY IT WORKS

New patients miss first visits more than established ones. They are not used to you yet, the visit feels optional, and the paperwork is a reason to put it off.

A reminder a day before and an hour before, plus pre-visit forms sent early, make the visit feel real and ready.

TOUCH	PURPOSE
At booking	Confirmation with date, address, parking and what to bring
Pre-visit packet	Forms sent through your secure portal well before the visit
24 hours before	A reminder with an easy way to reschedule
1 hour before	A short note with the address and a phone number

STAY INSIDE THE RULES

Pre-visit forms that ask clinical questions go through a **secure portal, not text or email**. Telehealth visits: Florida requires the patient to be physically located where the provider is licensed to treat them (Fla. Stat. 456.47), so intake records the patient's location for the visit.

DO THIS MONDAY

1
Count last month's first-visit no-shows.

2
Turn on the 24-hour and 1-hour reminders in both languages.

3
Add "where will you be for this visit?" to telehealth booking.

> **Watch:** first-visit no-show rate, monthly.

04 · FOLLOW-UP THAT STOPS

13 Reach back out when a slot opens

Cancellations happen every day. A short list of patients who want an earlier visit turns most of them into filled time.

WHY IT WORKS

Patients booked weeks out often want to come sooner. A cancellation list, ordered by request date and language, lets the desk offer the opening in minutes instead of leaving it empty.

Offer the slot to one person at a time, or to a small group with a clear first-come rule, so nobody shows up to a filled appointment.

Ask

AT BOOKING

"Would you like a text if an earlier time opens up?"

Offer

WITHIN MINUTES

The opening goes to the next person on the list, in their language.

Close

CLEAR AND KIND

"That time has been filled. You are still on the list for the next one."

STAY INSIDE THE RULES

Only text patients who asked to be on the list. Keep the message to a time and a link: **no reason for the visit in the preview**, since someone else may see the phone.

DO THIS MONDAY

1. Add the cancellation-list question to every booking.
2. Write the offer and the "filled" messages in English and Spanish.
3. Track how many cancelled slots were refilled this week.

> **Watch:** cancelled slots refilled, weekly.

05 · RULES AND TRUST

14 Send emergencies to a person, every time

Some inquiries are not intake at all. Chest pain, trouble breathing, heavy bleeding or a sudden severe change need a human and, often, 911.

WHY IT WORKS

Automation is good at booking. It must never be the only thing between an emergency and help. Every channel, including after-hours texts and the voice agent, needs a clear rule for what stops the automation.

Write the trigger words down, in both languages, and test them before anything goes live.

IF THE MESSAGE MENTIONS	WHAT HAPPENS
Chest pain, trouble breathing, heavy bleeding	The reply tells them to call 911 now. Automation stops
A post-op fever or wound problem	Routed to the on-call clinical path the practice sets
Sudden severe pain or a changing symptom	A person from the clinical team calls back the same day
Anything the system is unsure about	It goes to a person, never to another automated message

STAY INSIDE THE RULES

The voice agent, where used, handles **scheduling and logistics only** and takes no health details. It discloses that it is automated and that the call is recorded, in the caller's language. Emergency routing is built and tested by phone before go-live.

DO THIS MONDAY

1
Write your emergency trigger words in English and Spanish.

2
Test them: send each one to your own after-hours line and check what happens.

3
Post the on-call clinical path where every front-desk person can see it.

> **Watch:** emergency-flagged messages and how fast a person responded.

05 · RULES AND TRUST

15 Keep intake inside HIPAA and Florida's rules

Intake is where most practices first touch patient information. Small habits there decide whether the rest of the system holds up.

WHY IT WORKS

The front desk, the inbox and the phone system are part of your compliance whether you planned it or not. A form that asks for too much, a text that names a condition, or a vendor without an agreement are the usual gaps.

Minimum necessary is the rule of thumb: collect only what scheduling needs, and keep clinical detail for the chart.

HABIT	IN PRACTICE
Collect less	Name, contact, type of visit, payer type, language, availability
Limit access by role	Front desk sees scheduling; clinical detail stays with clinicians
Vendors under agreement	Any system that holds patient data has a business associate agreement
Plain previews	Texts and email subjects show the practice name and a time, nothing more

STAY INSIDE THE RULES

Where your practice is a covered entity, any vendor that handles patient information needs a **business associate agreement** before it sees that information. With TheraCRM.pro, the HIPAA-enabled configuration and BAA is a $100 a month add-on on Practice and Group, signed before first login. Whether you are a covered entity is a question for your counsel.

DO THIS MONDAY

1. Read your intake form and remove every question scheduling does not need.
2. List every vendor that touches patient information and check for a signed agreement.
3. Read five recent reminder texts and remove any clinical detail from the preview.

> **Watch:** fields on the intake form, and vendors without a signed agreement (target: zero).

TWELVE MONTHS OF INTAKE

Twelve months of intake in South Florida.

Medical intake has seasons: deductibles reset, snowbirds arrive and leave, sports start, open enrollment changes plans. Plan the front desk around them.

JANUARY

Deductibles reset

Patients ask about costs again. Update the self-pay and insurance answers before the 2nd.

FEBRUARY

Snowbird peak

Seasonal residents want visits before they leave. Hold openings and say so in Spanish and English.

MARCH

Spring sports

Youth and adult sports injuries rise. Check orthopedic and sports medicine openings.

APRIL

Seasonal goodbyes

Seasonal patients schedule follow-ups before heading north. Offer telehealth where licensed.

MAY

Summer planning

Families book school and camp physicals. Send reminders early.

JUNE

Hurricane season starts

Send your reschedule and closure policy, in both languages, before the first storm.

THE RULE THAT MAKES THE CALENDAR WORK

The calendar changes what you prepare for, not what you promise. Every message still follows the same consent, quiet hours (8 PM to 8 AM) and limit of three in 24 hours, and never mentions a patient's condition in a preview.

TWELVE MONTHS OF INTAKE

The second half of the year.

JULY

Mid-year review

Pull the inquiry log for the first half. Which door was slowest?

AUGUST

Back to school

Sports physicals and forms. Extra coverage on the phone at lunch.

SEPTEMBER

Hispanic Heritage Month

Starts the 15th. A good month to audit every Spanish touchpoint end to end.

OCTOBER

Snowbirds return

Welcome-back reminders for seasonal patients. Concierge renewals often cluster here.

NOVEMBER

Open enrollment

Patients change plans. Ask every patient to confirm insurance at booking.

DECEMBER

Use it or lose it

Patients with met deductibles want visits before year end. Fill cancellations fast.

SEASONAL RESIDENTS AND TELEHEALTH

A patient who spends half the year out of state may not be eligible for a telehealth visit from Florida while they are away. Florida's telehealth law (Fla. Stat. 456.47) and the other state's rules both apply. Record where the patient will be at the time of the visit.

TAPE THIS TO THE FRONT DESK

Fifteen plays, eight habits.

If the front desk does these every shift, most of this playbook is already running.

Reply in under a minute

Missed calls and forms get a text back automatically. A named person follows up.

Own the referral log

Every referral gets a call the same business day.

Ask who is calling

And who the patient is. Both go on the record.

Match the language

Reply in the language of the inquiry, every time.

Logistics, not medicine

Type of visit, never a condition. Clinical questions go to the clinical team.

Emergencies to a person

Chest pain, trouble breathing, heavy bleeding: 911, now.

Text inside the hours

Consent on file, 8 AM to 8 PM for scheduled sends, three per subject in 24 hours.

Stop when they say stop

STOP, ALTO and PARE end everything at once.

IMPLEMENTATION

Your first thirty days.

Do not try fifteen plays at once. One week at a time, in this order.

WEEK 1	Get a baseline	Start the inquiry log. Measure time to first reply, referral-to-visit and the EN / ES split. Change nothing yet.
WEEK 2	The first reply	Turn on missed-call text-back in both languages. Name a new-patient owner for each shift. Name the referral-log owner.
WEEK 3	Safety and specialty	Write emergency trigger words and test them. Add the specialty play that fits your practice from section 03.
WEEK 4	Follow-up	Turn on the day-2 and day-5 follow-up, the 24-hour and 1-hour reminders, and the cancellation list.

THE RULES ON ONE PAGE

The rules, in one place.

Every play that touches a rule says so on its page. Here they are together, so the practice manager, a physician and your counsel can check them in one read.

HIPAA	Where your practice is a covered entity, patient information in intake is protected. Collect the minimum necessary, limit access by role, and have a business associate agreement with every vendor that handles it.
THIRD PARTIES	An assistant, family member or family office may book for a patient. Discussing the patient's health with them needs the patient's authorization.
FLORIDA TEXTING	Consent on file for automated texts (Fla. Stat. 501.059) and STOP honored at once. Scheduled sends hold 8 PM to 8 AM, no more than three on one subject in 24 hours (501.616(6)).
RECORDED CALLS	Florida requires all-party consent to record calls (Fla. Stat. 934.03). Any recorded or automated call says so at the start, in the caller's language.
TELEHEALTH	The patient must be located where the provider may treat them (Fla. Stat. 456.47). Intake records the patient's location for the visit.
ADVERTISING	The Florida Board of Medicine bars false or misleading advertising, and the FTC requires evidence for results claims. No promised outcomes, no unearned specialist titles.
COST AND MEMBERSHIP	Self-pay patients are owed a good faith estimate under the federal No Surprises Act. Concierge memberships state their terms clearly, and auto-renewal needs clear terms and an easy way to cancel.

Names, quotes and scripts in this playbook are illustrative examples written for teaching, not real patients, providers or practices. Rules change. Check each one against the current rules with your counsel and compliance lead before you rely on it.

Not legal or medical advice. TheraCRM.pro is an intake and follow-up system operated by Aday Interactive, Inc. It is not a healthcare provider or a law firm, and nothing in this playbook is medical, clinical, or legal advice. Whether your practice is a covered entity, and how a rule applies to you, is a question for your counsel and your compliance lead. Check every rule before you act on it.

HOW THERACRM.PRO HELPS

TheraCRM.pro runs the intake behind these plays.

Every play here works with the team you have. Where software helps, this is what TheraCRM.pro does, configured for your practice from Coral Gables.

The first reply	Set up to reply to missed calls, forms and chat within a minute, in English or Spanish, with real appointment times.
Referrals and who is calling	A referral pipeline with an owner and due times, and intake fields for the caller and the patient.
Follow-up that stops	Day-2 and day-5 follow-up, reminders and a cancellation list, all stopping the moment a patient replies or books.
Safety	Emergency trigger words that stop automation and route to a person. On Practice and Group, a voice agent scoped to scheduling.
Reporting	Time to first reply, referral-to-visit and the EN / ES split, on one screen.

NEXT STEP

See your intake run in two languages.

Book a 30-minute demo. We look at how your practice handles new inquiries today and show you what would change. If the honest answer is not much, we will say so.

BOOK A DEMO

TheraCRM.pro is an intake and follow-up system operated by Aday Interactive, Inc. It is not a healthcare provider or a law firm, and nothing in this playbook is medical, clinical, or legal advice. Whether your practice is a covered entity, and how a rule applies to you, is a question for your counsel and your compliance lead. Check every rule before you act on it.