

Digital presence and reputation audit

Grades your website, SEO, Google profile, and reputation, with a fix list ranked by patient-acquisition impact.

Prepared for Westfield Family Medicine 4 providers - Family medicine	Report ID CIQ-2024-1184 March 14, 2024	Reviewed by Anthonette Sparman, MD Founder, ClinicIQ
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SAMPLE REPORT. Names, numbers, and findings are illustrative. Your delivered report is built from your own intake responses and benchmarked against your specialty + region.

EXECUTIVE SUMMARY

Your digital presence scores 54/100. The 3 highest-impact fixes (GBP categories, service-page copy, review response cadence) are projected to lift new-patient inquiries 18–32% within 90 days.

The analysis below benchmarks your practice against peers in your specialty and region and quantifies the dollar impact of each opportunity. Findings are ranked by net contribution, then by time-to-launch. Every dollar figure carries a methodology citation in the appendix.

KEY FINDINGS

Surface	Score	Top fix
Website (clarity, CTAs, trust)	58 / 100	Rewrite 3 service pages
Local SEO (citations, NAP)	47 / 100	Fix 12 NAP mismatches
Google Business Profile	62 / 100	Add 8 service categories
Reputation (reviews, response)	71 / 100	Reply cadence < 48h
Composite	54 / 100	Projected lift: 18-32%

IN YOUR DELIVERED REPORT

- Overall Digital Presence Score (0–100) with sub-scores for website, SEO, Google Business Profile, reviews, and social

Assumes: Each sub-score is weighted by its measured impact on new-patient acquisition in primary care + specialty practices (website 25%, local SEO 25%, GBP 20%, reviews 20%, social 10%).

- Website content & copy grade: 10–15 specific issues (clarity, trust signals, CTAs, service pages, accessibility) with rewrite suggestions

Assumes: Reviewed against patient-decision-journey best practices; rewrites are starting points — your brand voice and any clinical claims still need provider review.

- Technical + on-page SEO audit: page speed, mobile, schema, metadata, indexability, and a ranked fix list

Assumes: Crawl-based audit of up to 30 pages; Core Web Vitals pulled from public Lighthouse data; deep technical SEO (log analysis, large-site architecture) is out of scope.

- Local SEO + Google Business Profile audit: NAP consistency, categories, photos, posts, Q&A, and citation gaps vs. top 5 local competitors

Assumes: Competitors auto-selected by proximity + specialty match within a 10-mile radius (or county for rural); citation check covers ~25 major healthcare directories.

- Reputation snapshot: review volume, velocity, average rating, sentiment themes, and response-rate gap vs. local benchmark

Assumes: Aggregates Google, Healthgrades, Vitals, Yelp, and Zocdoc where public; sentiment themes generated from the most recent 100 reviews per platform.

- 90-day action plan: 12–15 fixes ranked by estimated new-patient lift × effort, with owner / staff / vendor assignment per item

Assumes: Lift estimates are directional, calibrated to specialty + market size; assignment assumes you have (or will hire) a part-time marketing coordinator or agency for the vendor items.

- 1-page partner-ready scorecard (PDF) you can hand to your marketing person or web vendor

Assumes: Designed to drive accountability with an existing vendor or new hire — not to replace a full marketing strategy engagement.

METHODOLOGY & SOURCES

1. We crawl your website, GBP, and top 5 local competitors, then score each surface against the patient-decision journey.
2. Review and reputation data is pulled from public sources only — no scraping behind logins or buying private data.
3. Every recommendation includes an effort tier (DIY / staff / vendor) so you can act on it the next morning.

Benchmarks: MGMA DataDive 2023, CMS Physician Fee Schedule (current year), regional peer panel (n=42). All recovery estimates are directional and intentionally conservative.

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Physician-reviewed - Anthonette Sparman, MD. This report is advisory and does not constitute legal, billing-compliance, or investment advice. Recovery estimates assume your reported volume and payer mix; actual results vary by execution.