In order serve you best, we’d like to learn more about your concerns and goals.

Please fill out this form in its entirety.  Your completed form will help us make the most of our time together.

If you have any questions, please contact us. We look forward to working with you to grow your success!

**Contact Information: Primary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Middle Name | Last Name |
|  |  |  |  |
| Date of Birth | Company |
|  |  |
| Email  | Phone Number |
|  |  |
| Street Address |
|  |
| City | State/Province | Zip/Postal Code |
|  |  |  |

#### **1. What services does (or will) your business provide?**

|  |
| --- |
|  |

#### **2. In what state(s) does (or will) your business provide these services? Please be specific about your present situation and future plans.**

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| --- |
|  |

#### **3. What specific questions would you like us to address?**

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|  |

#### **4. What have you done so far to resolve this?**

|  |
| --- |
|  |

#### **5. This question is important for us to prepare our Legal Services Agreement. Are you seeking representation as an Individual or on behalf on an entity?**

|  |
| --- |
|  |

#### **6. What is the full name of the entity (including "Inc." or "LLC," etc.) and the state of incorporation?**

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|  |

#### **7. If on behalf of the company, what is your role or title?**

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| --- |
|  |

#### **8. What type of professional license do you have, if any?**

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|  |

#### **9. What are the gross revenues of your healthcare venture for the past year? Or, if you have a new business, what do you anticipate your gross revenues will be for the upcoming year?**

|  |
| --- |
|  |

#### **10. Who else are you considering having on the call and what is their affiliation/role and email? (IMPORTANT: If you include a non-represented party in a meeting or call, you probably waive your attorney-client privilege and confidentiality regarding matters discussed in the call).**

|  |
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|  |

#### **11. How did you find us?**

|  |  |
| --- | --- |
|  | Google Ads |
|  | Organic Online Search |
|  | Someone I trust referred me |
|  | Newsletter |
|  | Other (Online advertising, etc) |

#### **12. What are the best days and times for us to reach you by phone?**

|  |
| --- |
|  |

#### **13. Who should we contact for business decisions related to our representation, if we can't reach you? (Name, email, phone #).**

|  |
| --- |
|  |

### THANK YOU