

CLIENT INTAKE FORM

Professional fillable business template

YOUR LOGO HERE

Replace this area

Complete what you know. Leave uncertain items blank so they can be discussed during the first conversation.

1. Primary Contact

Client / Business Name

Primary Contact Name

Title / Role

Email Address

Phone Number

Preferred Contact

Best Days / Times

Website

2. Business Information

Industry

Years in Business

Number of Employees

Primary Location

How You Heard About Us

Decision Maker

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3. What Do You Need?

Business consulting / organization

Account-management strategy

Client retention / escalation support

Client communication tracking

Playbook, SOP, or training material

Excel calculator, tracker, or dashboard

PowerPoint presentation

Word document, form, or fillable PDF

Template / download support

Other

Current Challenge

Desired Outcome

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4. Current Tools and Process

Current Process

Tools or Files Already in Use

What Has Already Been Tried?

5. Timing and Decision-Making

Desired Completion Date

Urgency

Other Stakeholders

Budget Range

Preferred File Format

Preferred Contact Method

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6. Communication and Materials

Logo or brand guide

Existing forms or templates

Sample files or screenshots

Current SOP or procedure

Customer or employee feedback

Reporting / calculation requirements

Other supporting material

Special Requirements

Additional Notes

7. Internal Use

Inquiry Received

Assigned To

Recommended Service

Next Step

Follow-Up Date

Status