# CLINICAL RESEARCH CONSULTING INTAKE FORM

## CLIENT INFORMATION

**Full Name:** _____

**Organization / Agency: (If Any)** ☐ N/A _____

**Email:** _____

**Phone:** _____

**Preferred Communication Method:** ☐ **Email** ☐ **Phone** ☐ **Text**

## TYPE OF ASSISTANCE NEEDED

☐ **Appeal Letter** (if appeal letter is needed I will need the medical information of the request and the denial letter from the insurance company.)

☐ **Consultation**

☐ **Evidence Review Research**

☐ **Policy Development Research Summary**

☐ **Medical Chart Review**

☐ **Other:** _____

## PROJECT DESCRIPTION

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**DEADLINES & TIMING**

**Is this request tied to a legal court date, event, or deadline?**

☐ Yes — Date: _____

☐ No

**If yes, describe the urgency:**

_____
_____
_____
_____
_____

**MATERIALS YOU WILL PROVIDE**

☐ Draft Text ☐ Data or Research

☐ Existing Documents

☐ Nothing yet — need full development

**PREFERRED TONE & STYLE**

☐ Professional & neutral

☐ Healthcare-technical

☐ Public-facing & accessible

☐ Other: _____

**EXPECTED DELIVERABLES** (What you need)

What challenge, question, or problem are you trying to solve? (Short description of the issue or goal.)_____
_____

What outcomes or improvements would be most valuable to you? (Success criteria, desired deliverables, or measurable changes.)
_____
_____

What background information or existing materials should I review? (Reports, data, workflows, policies, previous assessments.)_____
_____

Who are the key stakeholders involved, and how do decisions get made? (Teams, departments, approval processes.) _____
_____

What constraints or considerations should I be aware of? (Timeline, staffing, budget, operational limitations.) _____
_____

How would you prefer to receive the final work? (Summary memo, detailed report, presentation, ongoing updates.) _____
_____

Other: _____
_____

**BUDGET RANGE (OPTIONAL)**

☐ Under $250 ☐ $250–$500

☐ $500 - $1000 ☐ > $1000

☐ Not sure

**TIMELINE**

**Ideal completion date:** _____

Flexible? ☐ Yes ☐ No

**ADDITIONAL NOTES**

You may email this form, after saving the data, to the email address listed on the bottom of each page.