CLINICAL RESEARCH CONSULTING

Legislative Client Intake Form

1. CLIENT INFORMATION

Name: _____

Agency / Office / Organization: _____

Email: _____

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

2. LEGISLATIVE CONTEXT

Bill Number(s): _____

Committee / Body: _____

Session / Year: _____

Is this request tied to a hearing or deadline?

☐ Yes — Date: _____ ☐ No

3. POLICY AREA(S) INVOLVED

☐ Healthcare workforce
☐ Licensure modernization
☐ Clinical practice
☐ Regulatory compliance
☐ Public health
☐ Other _____

4. PROJECT DESCRIPTION

(Include statutory context, goals, and specific issues to address)

Description: _____
_____
_____
_____

5. URGENCY LEVEL

☐ Routine

☐ Time-sensitive

☐ Session-critical (24–72 hours)

Describe urgency: _____
_____
_____

6. MATERIALS & INPUTS PROVIDED

☐ Draft text
☐ Bill language
☐ Data or research
☐ Existing documents
☐ Branding guidelines
☐ None — need full development

7. DELIVERABLES REQUESTED

☐ Policy brief
☐ One-pager
☐ Website content
☐ Data visualization
☐ Talking points
☐ Stakeholder summary
☐ Other: _____

8. TIMELINE & BUDGET

Ideal completion date: _____

Flexible? ☐ Yes ☐ No

Budget Range (optional):

☐ Under $250 ☐ $250–$500

☐ $500–$1,000 ☐ Over $1,000

☐ Not sure

9. ADDITIONAL NOTES

_____
_____
_____
_____
_____
_____

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