



FriedemannFoarde
Health Care Law

Entity Client Intake Form

The following questions will help us to understand how we can help you. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Company Name: _____

Business Type: _____

Legal Entity Type: Corp - for profit Corp - not for profit Partnership/LLP LLC

Contact Name: _____
Last First

Address: _____
Number Street City State Zip

Phone: (____) _____ (____) _____
Business Cell

Email: _____

Billing Contact (if different): _____

Preferred method of communication: Email Telephone Text

Affiliated Entity Names (please list or attach a list):

Company Prior Names (within the past 5 years):

Briefly explain what you may need advice about or assistance with today:

Name(s) of other parties involved:

Party	Relationship
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Party	Relationship
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Party	Relationship
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Are there any documents (papers) that have previously been exchanged between you and the other party, or that you think may help us to understand the issues?

Note: Any documents you supply that are important to your matter will be photocopied, with your permission, and your originals returned to you at the conclusion of the initial interview.

What are your goals for the representation? Please list any concerns or issues of which you are aware.

Are there any outcomes to this situation that would be unacceptable to you?

Are we the first attorneys you have consulted regarding this matter? Yes No

If no, why didn't you hire the other attorney?

How did you choose our firm?

Website A friend Yellow pages Bar referral Former Client

Other _____