

Logical Source Consulting – Client Intake & Business Assessment Form

Please complete this form to help us understand your business needs. Get Advice. Get Resources. Get What Makes Sense.

SECTION 1: Contact Information

Full Name: _____

Business Name: _____

Email Address: _____

Phone Number: _____

Business Website: _____

Preferred Contact Method (Email / Phone / Text / Virtual): _____

SECTION 2: Business Overview

Business Type (Startup / Existing / Planning to Start / Nonprofit): _____

Industry: _____

Business Goals for the Next 12 Months:

SECTION 3: Current Challenges

Check all that apply:

☐ Business model clarity ☐ Workflow issues ☐ Organizational structure

☐ Low sales/revenue ☐ Poor marketing ☐ Scaling challenges

☐ Leadership needs ☐ Change management

Describe your biggest challenge:

SECTION 4: Services of Interest

☐ Business Model Development ☐ Operations Improvement

- Organizational Structure ■ Strategic Planning
- Marketing & Sales Strategy ■ Change Management
- Leadership Development ■ Guidance Needed

SECTION 5: Current Business Systems

Do you have documented SOPs? (Yes / No / Partially): _____

Sales or Marketing Strategy? (Yes / No / Needs Improvement): _____

Tools / Software Used: _____

SECTION 6: Readiness & Investment

Readiness (Immediate / 30 Days / Exploring): _____

Preferred Pricing (Project / Hourly / Retainer / Unsure): _____

Estimated Budget (<1k / 1–3k / 3–6k / 6k+ / Unsure): _____

SECTION 7: Additional Notes

Additional information: _____

SECTION 8: How Did You Hear About Us?

- Website ■ Social Media ■ Referral ■ Event/Workshop ■ Other

Thank you for completing this form. Logical Source Consulting – Where Advice Makes Sense.