

# FOCUS

PRACTICE MANAGEMENT

## New Client Intake Form

### **Business Information**

*For any questions you are unsure of, please put N/A.*

Company name\* \_\_\_\_\_

EIN\* \_\_\_\_\_

Business Industry\* \_\_\_\_\_

Company Address\* \_\_\_\_\_

Company Phone\* \_\_\_\_\_

***Please answer the below, using the Information of Business's Primary Contact***

First Name\* \_\_\_\_\_

Last name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Preferred Form of Contact\* \_\_\_\_\_

Preferred Document Sharing Strategy (ex. fax)\* \_\_\_\_\_

### **Financial Set-up**

Bank Accounts Used\* \_\_\_\_\_

Current Accounting Software\* \_\_\_\_\_

Current Payroll System\* \_\_\_\_\_

### **Payroll Information**

Type of Business Entity\* \_\_\_\_\_

Please list the use of any contractor(s) \_\_\_\_\_

Pay Frequency\* \_\_\_\_\_

How many employees does your business employ currently? \* \_\_\_\_\_

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### **Business Objectives**

*Please check at least one option in the tables below,*

What Package(s) are you considering? \*

	Reception
	Office Space
	Human Resources
	Finance
	Marketing
	Recruitment
	IT-Technology
	Training
	Medical Credentialing

What is your primary business objective? \*

	Business Growth
	Brand Awareness
	Staffing
	Administrative Assistance
	Business Maintenance
	Business Start-up
	Business Completion
	Other

Please specify what services? (ex. finance: billing) \_\_\_\_\_

Estimated Monthly Services Spend\* \_\_\_\_\_

### **Tax Information**

Sales Tax Filings Needed (Yes/No)\* \_\_\_\_\_

Prior Year Tax Returns Available (Yes/No)\* \_\_\_\_\_