Client Interview Template

Intake date:

____

From www.PracticeUPOnline.com

As soon as you know there is a good chance you will do business with a caller, or if you want to gather more information to help you decide, be sure you have the answers to as many of these questions as possible. Remember—the patient who needs help may not be the same person who calls, so answer these questions to get the information you need for one or both.

Contact Name: ____

Patient Name (if someone else): _________________________________

Email: (patient or contact?) _____________________________________

Patient Location: ____

Phone: (home/office) _______________ (mobile) __________________

Do you prefer outreach by email or phone?

____

Good time of the day to reach you?

____

Have you (or the patient) ever worked with another advocate?
(Use this answer to try to determine whether they are price shopping or had trouble with another advocate—a red flag.) ____

____

Where did you hear about me? ____
(assess your marketing)

Describe the problem you/patient are having—what you need help with: __________________

____

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____

Do you have an ideal outcome? What do you hope I can do to help you / patient? *(Remember—you're asking this to assess whether this is a client you can / want to help. Do NOT ask questions that will solve their problems.)* ____

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Anything else you want me to know? ____

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