

CONFIDENTIAL
Client Intake Sheet



FOR OFFICE USE ONLY	
OLK - Initial: _____	Date: _____
QB - Initial: _____	Date: _____
CC - Initial: _____	Date: _____

(Please print and complete and return both pages)

Organization Name: _____ First Year of Operation: _____

Contact: _____ Title: _____

Office Manager: _____ Title: _____

Number of Full-time Employees: _____ Website URL: _____ Email: _____

Current Social platforms: Facebook LinkedIn Twitter YouTube Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Work Ph: _____ (Ext. _____) Fax: _____ Mobile Ph: _____ Home Ph: _____

Spouse's Name: _____ Wedding Anniversary: _____ # of Children: _____

Name(s) & Age(s) of Children: _____

Special Interests, hobbies, passions: _____

Education: (check) 12 13 14 15 16+ Degree(s) _____ Certificates/ Licenses: _____

Industry: Retail Health Government Non-Profit Agriculture Other: _____

CHECK One: Sole Proprietor Corporation LL Corporation LL Partnership S Corporation 501(c)(3)

Attorney: _____ # of years: _____ Accountant: _____ # of years: _____

Please check ALL functions you would like to consider the consultant to perform for your organization:

- Do the work Transmit knowledge Act as change agent Implement solutions
- Lead the work Be an independent observer Manage projects Serve as technical expert
- Act as mentor and advisor Serve as facilitator Provide recommendations Collaborate with management

List other consultants, trainers or business coaches you've worked with: _____

Referred By: Search engine Seminar/Workshop Internet/Blog Public Speaking News/Magazine

ARISTA client _____ ARISTA associate _____ Other _____

Type of Payment: Cash / Check Credit / IMS #: _____ Exp: _____ CVV: _____

Owner/Contact: _____ Soc. Sec. #: _____ Birth Date: _____

Partner/Spouse: _____ Soc. Sec. #: _____ Birth Date: _____

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Are We Right For You?

1. Does your organization still have additional potential for growth?

- Yes No

2. Do you know everything that you need to know to grow your organization to the next level?

- Yes No

3. Do you consider yourself a learner?

- Yes No

4. Are you willing to invest time, money and effort to get what you want?

- Yes No

5. What do you see/feel as the difference between working IN and working ON the organization?

6. What do you really want to add or grow in your organization?

- | | | |
|--|---|--|
| <input type="checkbox"/> More clients | <input type="checkbox"/> More money | <input type="checkbox"/> Better clients |
| <input type="checkbox"/> Predictable income | <input type="checkbox"/> Greater productivity | <input type="checkbox"/> Define company's needs |
| <input type="checkbox"/> Trouble free operation | <input type="checkbox"/> Investment capital | <input type="checkbox"/> New markets |
| <input type="checkbox"/> Better payoff ratio | <input type="checkbox"/> Leadership skills | <input type="checkbox"/> Select the right personnel |
| <input type="checkbox"/> Adequate buffer funds | <input type="checkbox"/> Better implementation | <input type="checkbox"/> Confidence in decision making |
| <input type="checkbox"/> Targeted or niche marketing | <input type="checkbox"/> Effective goal setting | <input type="checkbox"/> Better contact with customers |
| <input type="checkbox"/> Better connections to employees | <input type="checkbox"/> Creative attitude | <input type="checkbox"/> Better problem solving approach |
| <input type="checkbox"/> More calculated risk taking | <input type="checkbox"/> Good reputation | <input type="checkbox"/> Model for defining priorities |
| <input type="checkbox"/> Create/apply Mission Statement | <input type="checkbox"/> More time | <input type="checkbox"/> Identify critical success factors |
| <input type="checkbox"/> Ways to gather feedback | <input type="checkbox"/> Can do attitude | <input type="checkbox"/> Monitor/track productivity |

7. What do you really want to reduce or eliminate?

- | | | |
|--|---|--|
| <input type="checkbox"/> Dying Market | <input type="checkbox"/> Stress | <input type="checkbox"/> Poor communications |
| <input type="checkbox"/> Declining profitability | <input type="checkbox"/> Static market position | <input type="checkbox"/> Cash flow crunches |
| <input type="checkbox"/> Inadequate tracking | <input type="checkbox"/> People don't work in teams | <input type="checkbox"/> Negative attitudes |
| <input type="checkbox"/> Risk aversion | <input type="checkbox"/> Not enough planning/review | <input type="checkbox"/> No long term sales plan |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Bureaucracy | <input type="checkbox"/> Too much debt |
| <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Not enough financial controls | <input type="checkbox"/> Unclear marketing goals |
| <input type="checkbox"/> Loss of vision | <input type="checkbox"/> Insufficient operations resource | <input type="checkbox"/> Not enough process |

8. What are the obstacles to achieving the above?

Assign a number to each of the following items. You may use a number more than once.

0= not an obstacle, 1= minimum obstacle, 2 = significant obstacle, 3= major obstacle

Financial

Operations

Management

Marketing & Sales

Human Resources