CLIENT INTAKE & DISCOVERY FORM

Thank you for your interest in Genesis Integrated Health Strategies, LLC. This form helps us understand your organization, current needs, challenges, and desired outcomes so we can determine how Genesis may best support your goals.

1. ORGANIZATION INFORMATION

Organization Name

Primary Contact

Title / Position

Email

Phone

Website

Organization Address

City / State / ZIP

Organization Type - select all that apply

- ☐ Healthcare Organization
- ☐ Corporate / Business
- ☐ Nonprofit Organization
- ☐ Government / Public Sector
- ☐ Other
- ☐ Medical / Clinical Practice
- ☐ Church / Faith-Based Organization
- ☐ Community Organization
- ☐ Educational Organization

Other (please specify)

2. HOW CAN GENESIS HELP?

What prompted you to contact Genesis Integrated Health Strategies?

Areas of Interest - select all that apply

- ☐ Healthcare Operations & Workflow Optimization
- ☐ Care Coordination / Care Integration
- ☐ Healthcare Education & Health Literacy
- ☐ Staff Training / Professional Development
- ☐ Organizational Assessment
- ☐ Program Development
- ☐ Faith-Based Health & Wellness Initiatives
- ☐ Other
- ☐ Preventive Health & Population Health Strategy
- ☐ Patient Experience & Engagement
- ☐ Leadership Development
- ☐ Process / Quality Improvement
- ☐ Healthcare Strategy & Consulting
- ☐ Community Health Education
- ☐ Data / Performance Improvement Strategy

Other (please specify)

3. CURRENT STATE

Briefly describe the primary challenge, opportunity, or concern you would like Genesis to address.

How long has this challenge or opportunity existed?

What approaches have already been attempted?

What appears to be the greatest barrier to improvement?

3. CURRENT STATE - CONTINUED

Current Challenges - select all that apply

- ☐ Workflow inefficiencies
- ☐ Patient / client engagement
- ☐ Training or knowledge gaps
- ☐ Preventive health performance
- ☐ Access to services
- ☐ Process standardization
- ☐ Health literacy
- ☐ Other
- ☐ Communication gaps
- ☐ Staff engagement
- ☐ Leadership / management challenges
- ☐ Care coordination
- ☐ Customer service / patient experience
- ☐ Performance measurement
- ☐ Resource limitations

Other (please specify)

4. DESIRED FUTURE STATE

What would a successful outcome look like for your organization?

Top three outcomes you would like to achieve:

1.

2.

3.

Are specific performance indicators, metrics, or organizational goals associated with this initiative?

- ☐ Yes
- ☐ No
- ☐ Not Yet Determined

If yes, please describe:

5. POPULATION & IMPACT

Who will primarily benefit from this engagement?

- ☐ Patients
- ☐ Leadership
- ☐ Church Members
- ☐ Customers / Clients
- ☐ Employees / Staff
- ☐ Providers / Clinical Teams
- ☐ Community Members
- ☐ Other

Approximate number of individuals impacted:

Please describe the population or audience, if applicable:

6. SERVICES & ENGAGEMENT

What type of support are you considering?

- ☐ Consultation
- ☐ Training / Workshop
- ☐ Process Improvement Project
- ☐ Healthcare Education
- ☐ Ongoing Advisory Services
- ☐ Other
- ☐ Organizational Assessment
- ☐ Leadership Development
- ☐ Program Development
- ☐ Strategic Planning
- ☐ Not Sure - Guidance Requested

Preferred Delivery Format

- ☐ On-Site
- ☐ Virtual
- ☐ Hybrid
- ☐ No Preference

7. TIMELINE

When would you ideally like the engagement to begin?

_____

Is there a specific deadline or organizational milestone?

- ☐ Yes
- ☐ No

If yes, please explain:

Anticipated duration, if known:

- ☐ One-Time Consultation
- ☐ Less Than 30 Days
- ☐ 3-6 Months
- ☐ Ongoing
- ☐ Single Training / Event
- ☐ 1-3 Months
- ☐ 6+ Months
- ☐ Not Yet Determined

8. DECISION-MAKING & STAKEHOLDERS

Primary decision-maker - Name / Title

_____

Additional stakeholders should participate in discovery?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If yes, list names / roles:

Does this engagement require additional organizational approval?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If yes, please describe:

9. BUDGET & PROCUREMENT

Has a budget been established for this initiative?

- ☐ Yes
- ☐ No
- ☐ Currently Being Developed
- ☐ Prefer to Discuss During Consultation

If appropriate, anticipated budget range: _____

Will Genesis need to complete a vendor registration or procurement process?

- ☐ Yes
- ☐ No
- ☐ Not Sure

10. ADDITIONAL INFORMATION

Anything else Genesis should understand before the initial consultation?

11. HOW DID YOU HEAR ABOUT GENESIS?

- ☐ Referral
- ☐ Website
- ☐ Professional Network
- ☐ Social Media
- ☐ Community / Church
- ☐ Conference / Event
- ☐ Previous Professional Interaction
- ☐ Other

If referred, whom may we thank? _____

NEXT STEPS & PRIVACY

Following review of this form, Genesis Integrated Health Strategies may schedule a discovery consultation to further evaluate your organization's needs, objectives, and potential engagement opportunities.

Submission of this form does not create a consulting relationship, guarantee acceptance of an engagement, or constitute a binding agreement between the parties.

IMPORTANT: Please do not include protected health information (PHI), patient-identifying information, Social Security numbers, financial account information, passwords, or other sensitive personal information on this form.