



## The Balanced Life

### Private Practice Consultation Questionnaire

*In order to be prepared for your consultation session, please provide the following information about yourself and your practice:*

Reason for consultation (mark all that apply but please indicate which is top priority):

- Billing/Insurance/Credentialing       Leaving a group practice  
 Starting a private practice       Marketing/branding  
 Practice management (organization, documentation, operations, etc.)  
 Feedback on current website, marketing materials, office space, etc.  
 Expanding an existing practice  
 Other (please describe): \_\_\_\_\_

Please provide any relevant details for any items your marked above:

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Name and Credentials: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Facebook or other social media page (if applicable): \_\_\_\_\_