

Client Onboarding Questionnaire

Company Information

Company Name

Industry

Website

Company Size

Contact Details

Contact Person

Role/Title

Email Address

Phone Number

Project Overview

What are your primary goals for this consulting engagement?

What challenges is your organization currently facing?

What outcomes would you like to achieve?

Scope & Timeline

Which areas would you like to focus on?

Preferred Project Start Date

Target Completion Date

Additional Information

Have you worked with consultants before? If so, what was your experience?

Other Notes or Requirements