



Complete what applies to you; none of it is binding. Fill this in on screen, or print it and write on it.
We review every intake personally and reply within two business days.

STEP 1 — WHAT BRINGS YOU HERE? (CHECK ONE)

- | | |
|---|--|
| ☐ A website or digital project | ☐ A speaking engagement |
| ☐ EGS program or verification help | ☐ Not sure yet — let's talk |

STEP 2 — ABOUT YOU

NAME AND CREDENTIALS

EMAIL

PHONE

PRACTICE, PROGRAM, OR INSTITUTION

CITY AND STATE

HOW DID YOU HEAR ABOUT US?

STEP 3A — IF YOU WANT A WEBSITE OR DIGITAL PROJECT

SPECIALTY

HOW MANY PHYSICIANS ON THE SITE?

CURRENT WEBSITE, IF ANY

TIMELINE (EXPLORING / 1–3 MO / 3–6 MO / ASAP)

THE PROCEDURES YOU PERFORM MOST (TOP 5 TO 10)

PROCEDURES OR TOPICS YOU DO NOT WANT FEATURED

WHAT YOU ALREADY HAVE (CHECK ALL THAT APPLY)

- | | |
|--|--|
| ☐ Patient handouts (PDF or paper) | ☐ Professional photos / headshot |
| ☐ A domain name I own | ☐ Writing samples in my own voice |
| ☐ Active LinkedIn or Instagram | ☐ Patient-education videos |

SERVICES YOU'RE INTERESTED IN (CHECK ALL THAT APPLY)

- | | |
|---|---|
| ☐ Website development & maintenance | ☐ Ongoing education blog / content |
| ☐ EGS or program website | ☐ Surgical registry or dashboard |
| ☐ EGS program or verification consulting | ☐ Speaking engagement |

STEP 3B — IF YOU WANT A SPEAKING ENGAGEMENT

EVENT OR SERIES NAME

DATE OR APPROXIMATE WINDOW

FORMAT (ROUNDS / CONFERENCE / RETREAT)

TALK LENGTH

IN PERSON OR VIRTUAL

AUDIENCE AND APPROXIMATE SIZE

TOPICS OF INTEREST (CHECK ALL THAT APPLY)

- | | |
|--|--|
| ☐ AI in Surgical Practice | ☐ EGS Verification: Lessons from Inside the Process |
| ☐ Robotics in Acute Care Surgery | ☐ Building an EGS Program from Scratch |
| ☐ Patient Education That Actually Works | ☐ Something else — described below |

HONORARIUM, TRAVEL, CME REQUIREMENTS, AV SETUP, OR ANYTHING ELSE

STEP 3C — IF YOU WANT EGS PROGRAM OR VERIFICATION HELP

WHERE IS THE PROGRAM TODAY? (NO SERVICE / INFORMAL / ESTABLISHED / PREPARING / VERIFIED)

HOSPITAL SIZE AND SETTING

APPROXIMATE ANNUAL EGS VOLUME

EGS MEDICAL DIRECTOR IN PLACE? (YES / NO / IN NAME ONLY)

TARGET VERIFICATION DATE, IF ANY

WHERE DO YOU WANT HELP? (CHECK ALL THAT APPLY)

- | | |
|---|---|
| ☐ Gap analysis against the standards | ☐ Performance improvement process |
| ☐ Data capture and registry | ☐ Call structure and staffing model |
| ☐ Transfer and referral pathways | ☐ Mock review and readiness assessment |

STEP 4 — ANYTHING ELSE

ANYTHING ELSE WE SHOULD KNOW?

When you're done

Save this file and email it to info@drcrodriguez-consulting.com. We reply within two business days.
Writing samples, handouts, photos, and program documents are exchanged over that email thread.