![MedHealth logo] *Assessment*

This form can be used as an intake form to share with service providers. Basic information may be dropped into Zoho and the form should be automated to drop into the client file as an attachment.

Basic Information

Contact Name:

Company Name:

Email:

Phone:

Address:

Country:

Website (if applicable):

Is your business incorporated in Michigan?:

      Yes <Checkbox>

      No <Checkbox>   If No Where? <Text Box>

      Not Incorporated yet   <Checkbox>

<u>Native Language (s)</u>

      <u>English <Checkbox></u>

      <u>Spanish <Checkbox></u>

      <u>French <Checkbox></u>

      <u>Other <Text Box></u>

Please identify all team members with roles and areas of expertise (Including mentors).

<div style="border:1px solid black; height:150px;"></div>

How did you hear about MedHealth?

<div style="border:1px solid black; height:150px;"></div>

Assessment

Preliminary Assessment

What type of technology is your innovation?

Medical Device <Checkbox>

Digital Solution <Checkbox>

Who will you likely sell this technology or service to??

Health System <Checkbox>

Direct to Consumer <Checkbox>

3rd party distributor <Checkbox>

Unknown <Checkbox>

Other <Text Box>

Who is the user of your technology or service?

Clinician <Checkbox>

Patient <Checkbox>

Administration <Checkbox>

Caregiver / Family <Checkbox>

Other <Text Box>

1) What problem does your technology or service solve?

A) How does your product or service directly address the problem?

B) What are the key benefits of your product or service?

2) Who are your competitors?

Company Stage <Drop Down Multiple Multiple Choice>

Idea/concept: No product of revenue, but promising idea <Checkbox>

Prototype: No revenue or customers, but prototype/platform has been developed <Checkbox>

Testing: No revenue, but product is being tested by partners and/or customers <Checkbox>

 Seed: Some early revenue and customers—still testing, developing, and optimizing <Checkbox>

Revenue and growth: Multiple customers and revenue <Checkbox>

Profitable and scaling: Working on scaling business, customers, markets, etc. <Checkbox>

Network <Drop Down Multiple Multiple Choice>

I have connected with healthcare systems in the Michigan area. <Checkbox>

I have connected with university systems in the Michigan area. <Checkbox>

I have participated in incubators or accelerators <Drop Down Multiple Multiple Choice>

Yes <Checkbox>

No <Checkbox>

Intellectual Property <Drop Down Multiple Multiple Choice>

I have determined whether or not my concept is patentable. <Checkbox>

I have developed an intellectual property protection plan. <Checkbox>

I have registered trademarks, key brands, or technology names, and any logos. <Checkbox>

None of the above <Checkbox>

Regulation and Reimbursement <Drop Down Multiple Multiple Choice>

I understand the regulatory requirements for my product or service <Checkbox>

My product or service does not require regulatory oversight <Checkbox>

Does your product or service require a reimbursement <Checkbox>

Does your product or service have an assigned CPT code? <Checkbox>

None of the above <Checkbox>

I don't know <Checkbox>

MedHealth

Assessment

Funding Sources <Drop Down Multiple Multiple Choice>

I have received funding

      Yes <Drop Down Multiple Multiple Choice>

            Friends and Family <Checkbox>

            Grant or Stipend <Checkbox>

            Angel <Checkbox>

            Venture Capital Series A <Checkbox>

            Venture Capital Series B/C/Other <Checkbox>

            Self-funded/Boot-strap <Checkbox>

      No <Checkbox>

Next Steps <Drop Down Multiple Multiple Choice>

How can MedHealth assist you? Select all that apply <Drop Down Multiple Multiple Choice>

      Fundraising <Checkbox>

      Mentorship <Checkbox>

      Connections with interested parties <Checkbox>

      Economic Planning <Checkbox>

      Management/Culture Consulting <Checkbox>

      Other <Text box>

Is there anything else you want us to know?

File Upload (If possible)