

Pharmacy Website Client Information Form

Instructions: Please fill out all the information below as completely as possible. This will help me create a complete, accurate, and effective website for your pharmacy.

1. Pharmacy Details

- **Pharmacy Name:** _____
 - **Logo:** _____
 - **Tagline / Slogan (if any):** _____
-

2. Services Offered

(List all that apply, e.g., prescription dispensing, delivery, health screenings, consultations)

- _____
 - _____
 - _____
-

3. Product Categories & Examples

- **Category 1:** _____
 - Example products: _____
 - **Category 2:** _____
 - Example products: _____
 - **Category 3:** _____
 - Example products: _____
-

4. Contact Information

- **Phone Number:** _____
 - **WhatsApp:** _____
 - **Email link:** _____
 - **Physical Address:** _____
 - **Social Media Links / Handles:** _____
-

5. Operating Hours

- Monday – Friday: _____
 - Saturday: _____
 - Sunday: _____
 - Holidays / Special Closures: _____
-

6. Website Functionality / Features

(Check all that apply)

- Online product catalog
 - Online ordering / delivery
 - Prescription uploads
 - Appointment booking
 - Newsletter subscription
 - Live chat / WhatsApp integration
 - Blog / Health tips section
 - Other: _____
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7. Domain & Hosting

- **Do you have a domain name?** ☐ Yes ☐ No
 - Domain name: _____
 - **Do you have hosting?** ☐ Yes ☐ No
 - Hosting provider: _____
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8. Branding & Design Preferences

- Preferred Colors: _____
 - Preferred Fonts: _____
 - Style inspiration / example websites: _____
 - Any photos / branding materials to include: _____
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9. About / Story Section

- **Mission:** _____
 - **Vision:** _____
 - **Values:** _____
 - **Leadership / Team:** _____
 - **Story / History:** _____
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10. Legal / Compliance

- Privacy Policy / Terms of Service: ☐ Yes ☐ No
 - Any required disclaimers: _____
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11. SEO & Marketing

- Keywords to rank for: _____
 - Social media integration: ☐ Yes ☐ No
 - Google Maps location: ☐ Yes ☐ No
-

12. Maintenance & Updates

- Who will update the website content? _____
 - Do you require training for updates? ☐ Yes ☐ No
-

Signature: _____

Date: _____