

Client Questionnaire

All information is confidential. Please fill out the following questionnaire emphasizing your key issues and concerns. When you have completed the form, please mail, email or fax back before the consultation. Only answer questions that are relevant to you.

Name:

Address:

of occupants in home:

Year the home was built:

Year(s) of any major renovations:

Is a floor plan available?

If yes are you able to make a copy?

Kinkos have floor plan size copiers

General Questions about your home:

What do you love about your home?

What do you dislike about your home?

What rooms do you spend the most time in?

Are there any rooms that are not used?

Do you work from home?

How would you like to feel in your home?

Are there any issues or disturbances adjacent to or around your property?

Experiences since occupying your home:

Career successes or tensions:

Auspicious Events:

Accidents, injuries or health issues:

Births or Deaths:

Other:

Focus Questions and Goals:

(You may choose to send this page back or save it for the on-sight consultation).

List 3 things in life that give you the most fulfillment:

- 1.
- 2.
- 3.

List 3 short term goals (1-3 months) using positive words or phrases:

- 1.
- 2.
- 3.

List 3 long term goals (to achieve in one year):

- 1.
- 2.
- 3.

What are you most passionate about in life? Are you living out your passions?