HOME INTAKE FORM FOR FENG SHUI





me:		Appt Date:			Appt Time:	
ddress						
ty		State	Zip:			
none:		E-mail:		Referi	red By:	
our Birth Date:						
ow many years at this	address?	Do you owi	$ \Box $ or rent \Box	SQFT:	Facing Direction	
at do you know abou	t the previous resid	dents?				
mes and Birthdates o	f Household Membe	ers:				
Name	Birthdate	Name	В	irthdate	7	
					1	
					1	
					=	
					=	
			•		_	
hat are your goals for	having a Feng Shui	i consultation:	? List three goa	ls.		
1.						
2						
2.						
2.						
 3. 						
3.						
3.	ositive feelings you	ı have about t	he house?			
3.	ositive feelings you	ı have about t	he house?			
3.	ositive feelings you	ı have about t	he house?			
3. That are some of the po						
3. That are some of the po						
3. That are some of the po	egative feelings yo	u have about :				





On a scale of 1 to 10, where 0 = not good and 10 = perfect, how do you feel about each of these?				
CAREER		What would make it a 10?		
SPIRITUALI	ITY	What would make it a 10?		
FAMILY		What would make it a 10?		
PROSPERIT	ΓΥ	What would make it a 10?		
REPUTATIO	NC	What would make it a 10?		
RELATIONS	SHIP	What would make it a 10?		
CHILDREN		What would make it a 10?		
CREATIVIT	Υ	What would make it a 10?		
TRAVEL		What would make it a 10?		
HEALTH		What would make it a 10?		
HELPFUL F	PEOPLE in your life?	What would make it a 10?		
Cancellation				
		ession, please call 602-717-2247 or email me at sandysue@balanceyourlife.net. east 24 hours prior to scheduled session.		
For continued sup Feng Shui journey		iving my newsletter filled with tips, tools, insights and events to help you on your		
Thank you!				
Namaste				

HOME INTAKE FORM FOR FENG SHUI





me:		Appt Date:			Appt Time:	
ddress						
ty		State	Zip:			
none:		E-mail:		Referi	red By:	
our Birth Date:						
ow many years at this	address?	Do you owi	$ \Box $ or rent \Box	SQFT:	Facing Direction	
at do you know abou	t the previous resid	dents?				
mes and Birthdates o	f Household Membe	ers:				
Name	Birthdate	Name	В	irthdate	7	
					1	
					1	
					=	
					=	
			•		_	
hat are your goals for	having a Feng Shui	i consultation:	? List three goa	ls.		
1.						
2						
2.						
2.						
 3. 						
3.						
3.	ositive feelings you	ı have about t	he house?			
3.	ositive feelings you	ı have about t	he house?			
3.	ositive feelings you	ı have about t	he house?			
3. That are some of the po						
3. That are some of the po						
3. That are some of the po	egative feelings yo	u have about :				





On a scale of 1 to 10, where 0 = not good and 10 = perfect, how do you feel about each of these?				
CAREER		What would make it a 10?		
SPIRITUALI	ITY	What would make it a 10?		
FAMILY		What would make it a 10?		
PROSPERIT	ΓΥ	What would make it a 10?		
REPUTATIO	NC	What would make it a 10?		
RELATIONS	SHIP	What would make it a 10?		
CHILDREN		What would make it a 10?		
CREATIVIT	Υ	What would make it a 10?		
TRAVEL		What would make it a 10?		
HEALTH		What would make it a 10?		
HELPFUL F	PEOPLE in your life?	What would make it a 10?		
Cancellation				
		ession, please call 602-717-2247 or email me at sandysue@balanceyourlife.net. east 24 hours prior to scheduled session.		
For continued sup Feng Shui journey		iving my newsletter filled with tips, tools, insights and events to help you on your		
Thank you!				
Namaste				