# CLIENT INFORMATION:

CLIENT NAME: _____

☐ DECISION MAKER

BILLING ADDRESS: _____

_____

PHONE: _____

E-MAIL: _____

CLIENT NAME: _____

☐ DECISION MAKER

PROJECT ADDRESS: _____

_____

PHONE: _____

E-MAIL: _____

## DESIGN CRITERIA:

BUDGET: _____ SQ. FOOTAGE: _____

YEAR BUILT: _____ # OF FLOORS: _____

# OF BEDROOMS: _____ # OF BATHROOMS: _____

- ☐ I OWN THE RESIDENCE
- ☐ PERMANENT RESIDENCE
- ☐ ADDING SQUARE FOOTAGE
- ☐ OCCUPANTS HOME DURING WORK

- ☐ I RENT THE RESIDENCE
- ☐ VACATION/PART TIME HOME
- ☐ TO BE DONE IN STAGES
- ☐ BUDGET FLEXIBLE

LENGTH OF TIME RESIDENCE HAS BEEN OWNED/RENTED: _____

LENGTH OF TIME PLANNING TO OWN/RENT: _____

IF TO BE DONE IN PHASES, PLEASE LIST WHAT YOU WOULD LIKE DONE IN EACH PHASE:

_____

_____

CONTACT INFO. FOR ANY CONTRACTORS/TRADES THAT WE WILL NEED TO COORDINATE WITH:

_____

_____

# DESIGNER SERVICES & SELECTIONS:

WHICH OF OUR DESIGNER SERVICES ARE YOU INTERESTED IN? CHECK ALL THAT APPLY.

- ☐ NEW CONSTRUCTION (ENTIRE RESIDENCE)
- ☐ REMODEL (ENTIRE RESIDENCE)
- ☐ BATHROOM REMODEL
- ☐ CABINETRY DESIGN
- ☐ ORGANIZATION / DE-CLUTTER
- ☐ PROJECT MANAGEMENT (ORDERS, DELIVERIES...ETC.)
- ☐ CONSTRUCTION MGMT. (OVERSEE TRADES)
- ☐ NEW CONSTRUCTION (ADDITION)
- ☐ KITCHEN REMODEL
- ☐ GENERAL ROOM LAYOUTS
- ☐ LIGHTING PLAN
- ☐ OUTDOOR/LANDSCAPE
- ☐ INTERIOR STYLING
- ☐ INITIAL CONSULTATION ONLY
- ☐ OTHER: _____

WHICH OF OUR SELECTION SERVICES ARE YOU INTERESTED IN? CHECK ALL THAT APPLY.

- ☐ HARD SURFACES (FLOORING, STONE...ETC.)
- ☐ CONSTRUCTION MATS. (DOORS, WINDOWS...ETC.)
- ☐ FURNITURE
- ☐ RUGS
- ☐ ARTWORK
- ☐ DECORATIVE ACCESSORIES
- ☐ PAINT
- ☐ PLUMBING
- ☐ APPLIANCES
- ☐ LIGHTING
- ☐ DOOR/CABINETRY HARDWARE
- ☐ WINDOW TREATMENTS
- ☐ OTHER: _____

WHAT ARE SOME GOALS YOU WOULD LIKE US TO HELP YOU ACHIEVE? CHECK ALL THAT APPLY.

- ☐ BETTER USE OF SPACE
- ☐ NICER AESTHETIC
- ☐ FIND INEXPENSIVE ITEMS
- ☐ USE EXISTING ITEMS
- ☐ KEEP ON BUDGET
- ☐ MORE FUNCTIONALITY
- ☐ FIND HIGH QUALITY ITEMS
- ☐ KEEP TO TIMELINE

## PROJECT INVOLVEMENT:

WHAT IS YOUR IDEAL TIME LINE TO HAVE EACH PHASE COMPLETED?

☐ EACH PHASE ☐ FULL PROJECT

☐ 1-2 MONTHS ☐ 3-6 MONTHS ☐ 9-12 MONTHS ☐ 1-2 YEARS ☐ FALL _____

HOW INVOLVED DO YOU WISH TO BE ON THIS PROJECT? CHECK ALL THAT APPLY

☐ VERY INVOLVED; I WANT A DESIGN PLAN AND TO SHOP/SELECT EVERYTHING MYSELF

☐ INVOLVED; I WANT A DESIGN PLAN AND SELECTIONS FOR ME TO PURCHASE ON MY OWN

☐ MILDLY INVOLVED; I WANT TO GIVE INPUT BUT I WANT THE DESIGNER TO DO EVERYTHING ELSE

☐ NOT INVOLVED; I WANT TO A TURNKEY SERVICE

☐ _____

## HOUSEHOLD MEMBERS & NEEDS:

PLEASE PROVIDE US WITH THE NAMES, AGES & NEEDS OF EACH MEMBER TO BE LIVING IN THE RESIDENCE.

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

NAME: _____ AGE: _____ ☐ DAY SLEEPER ☐ WORKS FROM RESIDENCE

DO YOU ANTICIPATE ANY MAJOR CHANGES FOR ANY HOUSEHOLD MEMBERS (I.E. COLLEGE, RETIREMENT...ETC.) WITHIN THE NEXT 2-3 YEARS?

☐ NO ☐ YES, DETAILS: _____

DO YOU HAVE ANY PETS IN THE HOUSEHOLD? PLEASE LIST DETAILS BELOW:

| | | |
|---|---|---|
| TYPE: | TYPE: | TYPE: |
| NAME: | NAME: | NAME: |
| AGE: | AGE: | AGE: |
| NEEDS: | NEEDS: | NEEDS: |

SPECIAL CONSIDERATIONS. CHECK ALL THAT APPLY

☐ DISABILITY ☐ ALLERGIES ☐ POOR VISION ☐ SOUND SENSITIVITY
☐ LIGHT SENSITIVITY ☐ ELDERLY ☐ YOUNG KIDS ☐ _____

ANY ADDITIONAL NEEDS NOT PREVIOUSLY MENTIONED?: _____

# DESIGN PREFERENCES:

WHAT WOULD YOU SAY IS YOUR PREFERRED DESIGN STYLE? PLEASE CHECK ALL THAT APPLY.

- ☐ ARTS & CRAFTS
- ☐ ASIAN
- ☐ BOHO
- ☐ COASTAL
- ☐ CONTEMPORARY
- ☐ ECLECTIC
- ☐ FARMHOUSE
- ☐ FRENCH COUNTRY
- ☐ INDUSTRIAL
- ☐ MEDITERRANEAN
- ☐ MEXICAN
- ☐ MID CENTURY MODERN
- ☐ MINIMALIST
- ☐ MODERN
- ☐ SHABBY CHIC
- ☐ SOUTH WESTERN
- ☐ TRADITIONAL
- ☐ TRANSITIONAL
- ☐ _____

WHAT COLORS DO YOU LIKE? PLEASE CHECK ALL THAT APPLY.

- ☐ BLUES
- ☐ GREENS
- ☐ YELLOWS
- ☐ ORANGES
- ☐ REDS
- ☐ BROWNS/TANS
- ☐ WHITES
- ☐ GRAYS & BLACK
- ☐ BRIGHT COLORS
- ☐ PASTEL COLORS
- ☐ SOFT HUES
- ☐ DARK HUES
- ☐ OTHER/DETAILS: _____
- ☐ COLORS NOT LIKED: _____

WHAT PRINTS DO YOU LIKE? PLEASE CHECK ALL THAT APPLY.

- ☐ STRIPES
- ☐ POLKA DOTS
- ☐ FLORAL
- ☐ PLAID/CHECKERED
- ☐ HOUNDSTOOTH
- ☐ PAISLEY
- ☐ GEOMETRIC
- ☐ CHINOSERIE
- ☐ ANIMAL PRINT
- ☐ BATIK
- ☐ BOTANICAL
- ☐ WATERCOLOR
- ☐ DAMASK
- ☐ WHISMICAL
- ☐ IKAT
- ☐ ETHNIC (TRIBAL, HAWAIIAN...ETC.)
- ☐ VELVETS
- ☐ SILKS/SATINS
- ☐ LACE/DELICATE
- ☐ LEATHER
- ☐ WOOL
- ☐ ECO FRIENDLY
- ☐ ORGANIC
- ☐ COTTONS & LINENS
- ☐ OTHER/DETAILS: _____
- ☐ PRINTS NOT LIKED: _____

WHAT MATERIALS DO YOU LIKE? PLEASE CHECK ALL THAT APPLY.

- ☐ WOODS ☐ LACQUERS ☐ GLASS ☐ METALS
- ☐ TILE ☐ LVP ☐ NATURAL STONE ☐ MANUFACTURED STONE (QUARTZ...ETC.)
- ☐ CONCRETE ☐ PAINTED ☐ ☐
- ☐ VELVETS ☐ SILKS/SATINS ☐ LACE/DELICATE ☐ COTTONS & LINENS
- ☐ WOOL ☐ ECO FRIENDLY ☐ ORGANIC ☐ LEATHER
- ☐ OTHER/DETAILS: _____
- ☐ MATERIALS NOT LIKED: _____

WHAT FINISHES DO YOU LIKE FOR PLUMBING & HARDWARE? PLEASE CHECK ALL THAT APPLY.

- CHROME | ☐ POLISHED ☐ SATIN/BRUSHED
- STAINLESS | ☐ POLISHED ☐ SATIN/BRUSHED ☐ BLACK
- NICKEL | ☐ POLISHED ☐ SATIN/BRUSHED ☐ AGED/ANTIQUE
- GOLD | ☐ POLISHED ☐ SATIN/BRUSHED ☐ AGED/ANTIQUE
- COPPER | ☐ POLISHED ☐ SATIN/BRUSHED ☐ AGED/ANTIQUE
- BRASS | ☐ POLISHED ☐ SATIN/BRUSHED ☐ AGED/ANTIQUE ☐ UNLACQUERED
- BRONZE | ☐ POLISHED ☐ SATIN/BRUSHED ☐ AGED/ANTIQUE ☐ CHAMPAGNE ☐ VENETIAN
- MISC. | ☐ ANTIQUE PEWTER ☐ MATTE BLACK ☐ WHITE ☐ MIXED
- ☐ OTHER/DETAILS: _____
- ☑ FINISHES NOT LIKED: _____

WHAT DO YOU LIKE ABOUT THE RESIDENCE & WHY? for example: Location and easy to maintain as it's a townhouse

_____

_____

WHAT DO YOU NOT LIKE ABOUT THE RESIDENCE & WHY? For example: Everything dated & due to being a rental for 10 years - very run down

_____

_____

# FUCTIONALITY & NEEDS

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT FUNCTIONALITY & NEEDS:

## *KITCHEN & DINING*

WHAT IS YOUR DINING STYLE? ☐ CASUAL ☐ FORMAL ☐ COMBINATION

WHERE DO YOU PLAN TO EAT YOUR MEALS. CHECK ALL THAT APPLY.

☐ KITCHEN ☐ DINING TABLE ☐ LIVING ROOM ☐ ON THE GO ☐ OUTSIDE

☐ _____

**HOW MANY WILL NEED TO USE THE KITCHEN AT THE SAME TIME?**

☐ 1 ☐ 2 ☐ 3+

APPLIANCE PREFERANCES: CHECK ALL THAT APPLY

| | | | | | |
|---|---|---|---|---|---|
| RANGE \| | ☐ GAS | ☐ ELECTRIC | ☐ DUAL | | |
| STOVE TOP \| | ☐ GAS | ☐ ELECTRIC | ☐ INDUCTION | | |
| OVEN \| | ☐ GAS | ☐ ELECTRIC | ☐ CONDUCTION | ☐ ROASTER / STEAM | |
| HOOD \| | ☐ UNDERCABINET | ☐ WALL-CHIMNEY | ☐ ISLAND | ☐ DOWNDRAFT | |
| REFRIGERATOR & FREEZER \| | ☐ SIDE BY SIDE | ☐ SINGLE DOOR W/ BOTTOM FREEZER | ☐ SINGLE DOOR W/ TOP FREEZER | ☐ FRENCH DOOR | ☐ BUILT-IN |
| MICROWAVE \| | ☐ HOOD VENT | ☐ COUNTERTOP | ☐ DRAWER | ☐ BUILT-IN | |
| DISHWASHER \| | ☐ STANDARD | ☐ DRAWER | ☐ BUILT-IN | | |
| EXTRAS \| | ☐ BEVERAGE FRIDGE | ☐ WINE FRIDGE | ☐ COFFEE MAKER | ☐ HOT WATER KETTLE | ☐ CROCKPOT / INSTAPOT |
| OTHER \| | ☐ _____ | | | | |

WHAT ARE YOUR FOOD EATING PREFERANCES?

☐ FRESH ☐ FROZEN ☐ TAKE-OUT ☐ REHEATING

☐ FULL MEALS ☐ QUICK MEALS ☐ _____

## *BATHROOM*

WHAT IS YOUR PREFERANCE FOR THE MASTER BATH? CHECK ALL THAT APPLY.

VANITY | ☐ SINGLE/SHARED ☐ DOUBLE ☐ SEPERATE VANITIES

SINKS | ☐ UNDERMOUNT ☐ VESSEL ☐ ROUND ☐ OVAL ☐ RECTANGULAR

FAUCETS | ☐ DECK MOUNT ☐ WALL MOUNT ☐ TALL FOR VESSEL ☐ SINGLE HANDLE ☐ 2 HANDLE

TOILET | ☐ PRIVATE ROOM ☐ 2 TOILETS ☐ STANDARD ☐ BIDET ☐ WALL-MOUNTED

TUB/SHOWER | ☐ COMBO ☐ SEPERATE TUB ☐ SEPERATE SHOWER

SHOWER | ☐ SINGLE SHOWERHEAD ☐ DUAL SHOWERHEADS ☐ RAIN SHOWERHEAD ☐ HANDHELD SPRAYER ☐ BODY SPRAYERS

TUB | ☐ SOAKING ☐ JETS ☐ HEAD ☐ FREESTANDING ☐ BUILT-IN

MIRRORS | ☐ 1 LARGE MIRROR ☐ SEPERATE MIRRORS ☐ SEPERATE MAKE-UP MIRROR ☐ LIGHTED MIRROR (S) ☐ MEDICINE CABINET

DETAILS | ☐ STORAGE PULL-OUTS ☐ IN DRAWER PLUGS ☐ HAMPER ☐ LINEN STORAGE ☐

☐ OTHER/EXPLAIN: _____

WHAT IS YOUR PREFERANCE FOR THE ANY KIDS/GUEST BATHS? CHECK ALL THAT APPLY.

| | | | | | |
|---|---|---|---|---|---|
| VANITY \| | ☐ SINGLE/SHARED | ☐ DOUBLE | ☐ SEPERATE VANITIES | | |
| SINKS \| | ☐ UNDERMOUNT | ☐ VESSEL | ☐ ROUND | ☐ OVAL | ☐ RECTANGULAR |
| FAUCETS \| | ☐ DECK MOUNT | ☐ WALL MOUNT | ☐ TALL FOR VESSEL | ☐ SINGLE HANDLE | ☐ 2 HANDLE |
| TOILET \| | ☐ PRIVATE ROOM | ☐ 2 TOILETS | ☐ STANDARD | ☐ BIDET | ☐ WALL-MOUNTED |
| TUB/SHOWER \| | ☐ COMBO | ☐ SEPERATE TUB | ☐ SEPERATE SHOWER | | |
| SHOWER \| | ☐ SINGLE SHOWERHEAD | ☐ DUAL SHOWERHEADS | ☐ RAIN SHOWERHEAD | ☐ HANDHELD SPRAYER | ☐ BODY SPRAYERS |
| TUB \| | ☐ SOAKING | ☐ JETS | ☐ HEAD | ☐ FREESTANDING | ☐ BUILT-IN |
| MIRRORS \| | ☐ 1 LARGE MIRROR | ☐ SEPERATE MIRRORS | ☐ SEPERATE MAKE-UP MIRROR | ☐ LIGHTED MIRROR (S) | ☐ MEDICINE CABINET |
| DETAILS \| | ☐ STORAGE PULL-OUTS | ☐ IN DRAWER PLUGS | ☐ HAMPER | ☐ LINEN STORAGE | ☐ EXTRA LIGHTING |
| | ☐ OTHER/EXPLAIN: | | | | |

## *LAUNDRY*

| | | | | |
|---|---|---|---|---|
| WASHING LOAD CAPACITY NEEDED? | ☐ LIGHT | ☐ MEDIUM | ☐ HEAVY | ☐ _____ |
| HOW OFTEN DO YOU DO LAUNDRY? | ☐ RARELY | ☐ NORMAL | ☐ OFTEN | ☐ DRY CLEANING |
| TYPE OF MACHINE | ☐ STACKED | ☐ SIDE BY SIDE | ☐ GAS | ☐ ELECTRIC |

## *STORAGE*

WHAT SPECIAL STORAGE DO YOU REQUIRE? CHECK ALL THAT APPLY.

| | | | | |
|---|---|---|---|---|
| ☐ LINEN STORAGE | ☐ OFFICE FILES | ☐ WINE/BEVERAGE | ☐ SPORTING GOODS | ☐ CAMPING GEAR |
| ☐ BICYCLE(S) | ☐ EXTRA CLOTHES | ☐ EXTRA SHOES | ☐ LINEN STORAGE | |

## *ENTERTAINMENT*

HOW OFTEN DO YOU ENTERTAIN? ☐ 1-2XS / WEEK ☐ 1-2XS / MONTH ☐ 1-2XS / YEAR ☐ _____

MAX AMOUNT OF PEOPLE? ☐ 2-4 ☐ 5-8 ☐ 9-12 ☐ 12+

WHERE DO YOU PLAN TO WATCH TV? ☐ LIVING ROOM ☐ KITCHEN ☐ BEDROOM ☐ BATHROOM
☐ GUEST ROOM ☐ OUTDOORS ☐ _____

## *TECHNOLOGY*

WHAT ARE YOUR TECH NEEDS?

☐ COMPUTERS ☐ TV/HOME THEATER ☐ MUSIC SYSTEM ☐ WIFI
☐ SECURITY CAMERAS ☐ KEYLESS ENTRY ☐ _____

## FEEDBACK

HOW DID YOU HEAR ABOUT US?

☐ WEBSITE ☐ HOUZZ ☐ INSTAGRAM ☐ FACEBOOK
☐ DIRECT MAILING ☐ WORD OF MOUTH ☐ _____

HAVE YOU WORKED WITH A DESIGNER BEFORE? ☐ YES ☐ NO

**HOW LONG AGO?** _____