

Client Intake Form

Name: _____ Phone: _____ Date: _____

Address: _____ Gate Code: _____

Email: _____ How did you hear about us? _____

What areas do you need help with?

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Office | <input type="checkbox"/> Attic / Basement | <input type="checkbox"/> Paper Management |
| <input type="checkbox"/> Activity / Craft Room | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Bedrooms | <input type="checkbox"/> Pantry | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Children's Rooms | <input type="checkbox"/> Living Room | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Playroom | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Downsizing |
| <input type="checkbox"/> Closets | <input type="checkbox"/> Bathrooms | <input type="checkbox"/> Packing / Unpacking |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Other _____ |

What are your goals?

Who lives in your home?

Are the people living in your home supportive of hiring an organizer? Y / N

Smoking Inside: Y / N

Pets: Y / N

Additional Notes:

Scheduled Consultation

Date: _____

Time: _____