

New Client Questionnaire

Please take a few moments to complete the information requested below. Brief answers are fine. Use the end of this document if you would like to provide more information. Thank you for your cooperation. All information will be kept confidential.

Primary Contact Name:	Date:
Address:	
City:	
Contact 1	Contact 2
NAME:	NAME:
Cell Phone:	Cell Phone:
Day Phone:	Day Phone:
Evening:	Evening:
Fax:	Fax:
Email:	Email:
How would you prefer to be contacted?	1
HOUSEHOLD INFORMATION:	
HOUSEHOLD INFORMATION.	
Please provide us with the names and ages special needs they may have:	s of your household members and any
Do you have pets, if so what kind and how	many?
Do your pets have any requirements?	

Special Considerations-Check that apply:
() Disabled, elderly or young children in the home?
() Are occupant's daytime sleepers?
<u>LIFESTYLES:</u>
Our entertaining Style is:
() Formal () Combination of both
ENTERTAINING TYPE:
() Meals () Music () Games () TV
() OTHER
What is the pattern of everyday dining and where are meals usually eaten? () Dining table () Kitchen Table () Kitchen Counter
() Dining table () Kitchen Table () Kitchen Counter () Family Room () Other
Any special instruction on dining: (separate room, formal, table, seating etc)
ARTWORK/COLLECTIONS:
Do you have any collections? YES / NO
Are any collections on display? If yes would you like to display your collection and
where?
Do have any artwork you would like to display, family portraits, photos etc.?

HOBBIES:
() Reading () Entertaining () T.V./Home Theatre
() Crafts/Sewing () Cooking () Music () Sports
() Other
What are your technical needs?
() Computers () surround sound () Integrated system
() Smart house () wireless () Home Theatre
() AV () Other
HOME OFFICE:
Does any household member work from home? YES / NO
If yes are there any special needs? (Lighting, computers, fax etc.)
Is there a designated area for working in your home? YES/NO
LIGHTING:
Is additional lighting needed? YES / NO
() Bathrooms () Living room () Kitchen
() bedrooms () Office () Other
PART II PROJECT INFORMATION
Person(s) responsible for project decisions:
What is the budget for your project?
\$ \$
PRIORITES THAT YOU MAY HAVE

	ns to be included in the proportions order of the work by writing , etc.)		•
_Family /Great Room _Laundry Area _Bathrooms/other _Bedroom #4	_Formal Living Room m _Kitchen _Noo _Master Bedroom _Mas _Guest Bathroom _Bed _Bedroom OtherOutdoor Living Area	k _Office/Study ster Bathroom room #2 _Bedroo Home Theate	om #3
Furniture Floo Treatments Rem Artwork mirrors, e Plumbing fixtures	etc. Appliances Exterior paint rals Lighting	Remodel Kitchen Window replaceme Interior paint Space planning Wall finishes	Window ents/changes Accents
, ,	ouse do you use the most?		
What part of your ho	ouse do you use the least?		
	es of furniture, window, wall worked into the new plan? I	_	

Are there any items that MUST GO? Please explain:	
How involved do you wish to be in this project: (Please check)	
Very involved (Call you with details and updates daily or weekly)	
Involved –MDK DESIGNS to act as project manager (Keep you udates, deliveries, work schedule etc.)	pdated with install
Minimally involved – don't call until everything is ready to install Other:	_
What is your "ideal" timeline for your project? Within 3 months 3 – 6 months Other	_
PART III DESIGN PREFERENCES	
What are your Design Goals?	
Are you interested in Green Design? Ye s/No/No Preference. If ye	s Please explain.

What is your S	Style?			
Tuscan	Mediterrar	nean French	Country	Mission style
Beach Cotta	ige Country C	ottage Asian	Southw	vestern
Old World	Art Deco	Early A	merican I	ndustrial
OTHER				
What is your v	ision for your home	?		
What are som	e of you desires or	wish list?		
What are som	e specific features y	ou want?		
	are you seeking to			
Casual	Formal	Spacious	Clean li	
Warm/cozy	Light/airy	Elegant	Sophist	
"Lived in"	Welcoming	Romantic	Conter	porary

Transitional

Classic

Traditional

The following questions are designed to provide us with a general description of your likes and dislikes regarding your personal style: Select from the following to describe your preference in fabric (or fill in your own): (Check all that apply) Paisley Stripe Plaid Toile Silk Damask Sheer Leather Bold pattern Suede Velvet Floral Subtle pattern Satin Cotton Preferences of Color: (Check all that apply) Ex: Vibrant, dark, muted, soft tones? Whites Oranges Blues Pastels Blacks Reds Jewel Tones Grays Burgundies Navy Blue Neutrals Beiges Pinks Powder Blue Earth tones Tans Aquas Warm Colors Pale yellows Eggplant Mint Greens Cool Colors Yellows Lavenders Olive Greens Subtle Peach Purples Forest Greens Bright Bold Greens Teals Colors you dislike? Do you have a color theme in mind? Yes No If yes, please describe: Are there types of flooring you prefer? (Please check all that apply) Natural Stone Hardwood Carpet Laminate Concrete Tile Combination Bamboo Cork Are there types of window treatments you prefer? (Please check all that apply) **Custom Draperies** Blinds Sheers sun control or privacy Metal Shutters Room Darkening Curtains All Fabrics Natural Materials Metal Shades Other_____

Combination_____

Additional information regarding preferences:
Have you ever hired an interior designer before? Circle Yes / No
If yes, when did this take place, and were you pleased with the experience and the results:

Thank you for your input. We look forward to achieving your design goals. Email responses to: mailto:melanie@mdkdesigns.com