

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?

HOUSEHOLD INFORMATION:

Please provide us with the names and ages of your household members and any special needs they may have:

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?

LIFESTYLES:

Our entertaining Style is:

() Formal () Informal () 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
() 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:

	JDDIES.									
() Reading	() Entert	taining		() T.V.	./Home	Theatre	
() Crafts/Sewing	() Cook	ing	() Mus	ic	() Sports	
() Other									
	hat are your techr						,	. . .		
) Computers									
) Smart house								ne Theatre	
() AV	() Othe	r						
	OME OFFICE:									
Do	bes any household	m t	ember v	work fron	n ho	ome? Y	ES/N	0		
lf y	yes are there any	spe	ecial nee	eds? (Lig	ghtir	ng, com	outers,	, fax etc	:.)	
ls	there a designate	d a	rea for v	working i	n yo	our hom	e? YE	ES/NO		
	<u>GHTING:</u>									
ls	additional lighting	ne	eded? Y	ES / NC)					
() Bathrooms		() Living	rooi	m	() Kitcł	nen	
) bedrooms									
P/	ART II PROJECT	INF	ORMA	τιον						
	erson(s) responsit				ons	•				
W	hat is the budget i	for y	your pro	ject?						
\$	\$									
⊤ _	Ŧ									

PRIORITES THAT YOU MAY HAVE

Please "X" the rooms to be included in the project. If the project will be done in stages, please indicate the order of the work by writing a number in the box to show the order (1 = first, 2 = second, etc.)

_Entry Hall /Foyer _Forma _Family /Great Room _ _Laundry Area _Master _Bathrooms/other _Guest _Bedroom #4 _Bedroo _Outdoor Kitchen _Outdoo	Kitchen _Nook r Bedroom _Master Bathroom _Bedroo om Other	_Office/Study r Bathroom om #2 _Bedroo Home Theate	om #3
What kind of enhancements Furniture Flooring Treatments Remodel Ba Artwork mirrors, etc. Plumbing fixtures Wallpaper Murals Color scheme/Paint	Reupholstery throom Appliances Exterior paint	Remodel Kitchen Window replaceme Interior paint Space planning Wall finishes	Window nts/changes Accents
What part of your house do	you use the most? _		
What part of your house do	you use the least? _		

Are there any pieces of furniture, window, wall or floor coverings that must stay, and be worked into the new plan? If yes please explain:

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 dates, deliveries, work schedule etc.)	
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 yes Please explain.

What is your Style?

Tuscan	Mediterranean	French Country	Mission style
Beach Cottage	Country Cottage	Asian S	outhwestern
Old World	Art Deco	Early American	Industrial
OTHER			

What is your vision for your home?

What are some of you desires or wish list?

What are some specific features you want?

What "feeling" are you seeking to achieve?

Casual	Formal	Spacious	Clean lines
Warm/cozy	Light/airy	Elegant	Sophisticated
"Lived in"	Welcoming	Romantic	Contemporary
Classic	Traditional	Transitional	

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	t apply)					
Paisley	Stripe	Plaid	Toile	Silk	Dar	nask
Sheer	Leather	Bold pattern	:	Suede	Velvet	Floral
Subtle patte	rn Satin	Cotto	n <u>.</u>			
Burgundies Earth tones Mint Greens Peach Pu	ark, muted, so anges Blue Navy Blue Tans Aqu Cool Color rples For	•••	Blacks Beiges olors F Lavende Bright	Pinks Pale yellows ers Olive Bold Gree 	Powder Blu Eggplant Greens S ens Teal	e ubtle
Do you have	e a color them	ie in mind?	Yes	No If yes	s, please des	cribe:
	all that apply Carpet) Laminate	Natural	l Stone	Concrete	Tile
Combination Are there type			prefer?	(Please che	eck all that a	pply)
Custom Dra	peries	Blinds	Sheers	sun c	control or priv	vacy
Metal	Shutters	Room Darke	ening	Curta	ains All I	abrics
		Room Darke Metal	ening Shades		ains All I r	

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 serving you with your design needs. You may fax 617-977-0924 or email us: <u>mailto:melanie@mdkdesigns.com</u>