

-Winston Churchill

Please complete this form and email to fengshuihooray@gmail.com at least 48 hrs before your appointment.

Home Consultation Questionnaire

During our time together we will be focusing on enhancing your personal space to support, nurture & invigorate your desires and goals. In preparation for our appointment, please complete this questionnaire and email back to this address.

Your completed responses must be returned to us at least 48 hours before our scheduled appointment. Please note that all information you provide is considered confidential and handled with the utmost security.

Thank you for taking the time to fill out the questionnaire. I am looking forward to our time together.

N	2	m	0	٠
LV	а	III		

Address:

City:

State:

Zip Code:

Telephone (Home):

Cell:

E-Mail Address:

Fax Number:

Occupation:

Date of Birth (please include year and time):

List the people that live with you (please include name, relationship and date of birth):

What is the primary reason you have decided to seek Feng Shui expertise to adjust the energy in your home?

How did you hear about us?

About Your Home

What year was your home built?

What is the approximate square footage of your home?

Do you own or rent your home?

How long have you lived in your present home?

Do you know the history of your home and its previous occupant's?

Was your home occupied by families or single people?

Have they prospered and moved to a bigger home?

Are you aware of anything positive or negative that may have happened to them?

Do you feel your home requires a space clearing? (This is uplifting a space and clearing any old unwanted energies of it.)

Since moving into this home, have you noticed any changes in your life either positive or negative?

Has there been any large-scale remodeling of your home? If so, did you notice any changes after the alterations?

How would you class the style of your home?

How do you feel when you step into your home? Do your spirits rise or fall?

What are you favorite rooms in your home? Why?

What are your least favorite rooms in your home? Why?

What are your favorite items in your home?

Our homes can be vessels which support, nurture and help us achieve our goals: What is your intention for your present home?

Take some time to make your intention as clear as possible.

My overall intention for my home is:

About your life

On a scale of one to five with five being the most satisfied or content, and one being the least satisfied or content, please circle the number that is appropriate. If the question does not apply please circle N/A:

Relationships: 1 2 3 4 5 N/A

Are you satisfied with your romantic life?

Family: 1 2 3 4 5 N/A

How is your relationship with these people?

Husband/wife

Significant Other

Children

Stepchildren

Siblings

Career: 1 2 3 4 5 N/A

Are you fulfilled by your occupation?

Helpful People: 1 2 3 4 5 N/A

Do you feel you have others in your life to rely on in times of need?

How is your social life?

Travel: 1 2 3 4 5 N/A

Are you able to travel as much as you would like?

Children: 1 2 3 4 5 N/A How is your relationship with your children? Are you interested in starting a family? N/A 3 4 5 Creativity: 1 2 Do you have space and time for creative pursuits? N/A Fame and Reputation: 1 3 5 2 Are you known as you would like to be? Is your clientele as big as you would like it to be? 3 4 5 N/AWealth: 1 2

Are you satisfied with your financial situation?

Knowledge and Skills: 1 2 3 4 5 N/A

Do you have adequate time for learning new things, for study, reflection, and knowledge?

Do you have adequate time and opportunity to nurture yourself?

Health: 1 2 3 4 5 N/A

Do you and your family enjoy good health?

Do you have as much energy and vitality as you would like?

Do you and your family enjoy good health?

Do you have as much energy and vitality as you would like?

What areas of your life would you most like to improve?

In what way would you like to improve them?

What specific areas or concerns would you like to concentrate on in our time together?

About Your Health

Do you currently, or have you ever had any problems in the following areas? (Please check only those condition(s) that apply to each person.)

Symptoms	You	Spouse /Sig. Other	Children
Constitutional:			
Constant Fevers			
Unusual Weight loss/gain			
Skin Disorders:			
Neurological:			
Headaches			
Seizures			
Eyes:			
Vision Problems			
Endocrine:			
Thyroid & other glands			
Hormone Imbalances			
Infertility			
Allergic/Immunologic:			
Allergies/Hay Fever			
Runny Nose/Sinus			
Psychiatric:			
ADD, ADHD			
Nervous Disorders			
Multiple Sclerosis			
Ears, Nose, Mouth, Throat:			
Chronic Colds			
Throat Illnesses			
Ear Infections			
Gum Disease			
Respiratory:			
Asthma			
Chronic Bronchitis			

Symptoms	You	Spouse /Sig. Other	Children
Emphysema			
Pneumonia			
Vascular/Cardiovascular:			
High blood pressure			
Diabetes			
Heart disease			
Gastrointestinal:			
Diarrhea/Constipation			
Genitourinary:			
Kidney/Bladder infection			
Bones / Joints / Muscles:			
Rheumatoid Arthritis			
Muscle pain			
Foot/Hand Problems			
Broken Bones			
Spinal Injuries			
Lymphatic / Hematological:			
Anemia			
Bleeding problems			
Cancer (note kind):			
Do You Smoke? (amount per week)			
Do You Drink? (amount per week)			*
Other:			

Our spaces can be vessels which support, nurture and help us achieve our goals: what is your intention for your present business? Take some time to make your intention as clear as possible. My overall intention for my life is:

During our time together we will be working with your personal space to nourish, replenish and empower positive thoughts, affirmations and goals. We will balance your business for both people relationships and money.

Before our appointment please spend some time clearing out any clutter you have accumulated, if it is not functional **get rid of it**. Clutter holds us back from moving forward. Hire someone to do it if you cannot find time. The more thoroughly you do this, the better the results you will get to create the energy you want for your business.

Thank you for taking the time to fill out the questionnaire, I am looking forward to our time together.

The fees for an Classical Feng Shui home consultation are \$150/hr with the initial consultation taking a minimum of two hours for me to complete. An initial "to do" list will be created and a comprehensive PowerPoint will be sent within two weeks of the walk thru. Payment or installment plan is due at the conclusion of your appointment.

Legal Disclaimer

Please note: All information you provide will be held in the strictest of confidence. Services and consultations provided by Feng Shui Hooray, are not intended as a substitute for the care of a licensed medical provider. I serve as a reference and guide for Feng Shui. There is no guaranteed outcomes, please keep in mind that individual results may vary, based on client interest and participation.

Please map your building and its relationship to the street, any nearby intersections and other disturbances such as freeways, airports, major electrical posts.

Please draw a floor plan of your office building as close to scale as possible, labeling rooms such as living room, kitchen, mudroom...

Please label North, south, East and West when you are finished.

It is imperative to be as accurate as you possibly can be with the floor plan and compass directions because your floor plan will be gridded into 9 squares where intentions and remedies will be placed. Ideally, a photograph of a blueprint is best and easiest. Even being 5 feet off will affect results. Accuracy is key. You can also take a picture of the blueprint and email to fengshuihooray@gmail.com.