



## FENG SHUI CONSULTATION – RESIDENTIAL QUESTIONNAIRE

Please take a few moments to answer this questionnaire. It will provide important information about your home that will assist in providing this Feng Shui consultation.

To ensure an accurate consultation, please include your floor plans, which have been drawn to scale, with each level of the home taking up approximately 3/4 of an A4 page. Each level of a multi-storey home must be represented on a separate page. If you need assistance with your floor plans we can refer a service provider who can measure your home and draw your floor plan for a small fee.

Please return this questionnaire together with the floor plans as soon as possible prior to the consultation to **Feng Shui Concepts, PO Box 941, Gladesville NSW 2111 Australia, or by email to [jane@fengshuiconcepts.com.au](mailto:jane@fengshuiconcepts.com.au).**

Client Name: .....

Address: .....

Phone: ..... Mobile: .....

Email Address: .....

What are your main reasons for requesting this Feng Shui consultation?

- |  |  |
|--|--|
| <input type="checkbox"/> Increase Prosperity             | <input type="checkbox"/> Improve Health                    |
| <input type="checkbox"/> Enhance Relationships           | <input type="checkbox"/> Improve 'feel' of home            |
| <input type="checkbox"/> Maximise sale potential of home | <input type="checkbox"/> General consultation for new home |
| <input type="checkbox"/> Other .....                     |  |

Additional Comments:

.....

.....

.....

.....

Have you had a Feng Shui consultation in the past: ☐ Yes ☐ No

Were you satisfied with your Feng Shui consultation: ☐ Yes ☐ No

If not, please explain why:

.....

.....

.....

.....

Is this home: ☐ Owned ☐ Rented

When was this home built? (The local council, Land Titles office, Water Board may be able to assist with this information if you are unsure).

.....

How long have you lived here? .....

How long do you expect to reside in this home? .....

Please tick the following words that you would use to describe this home:

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Peaceful     | <input type="checkbox"/> Welcoming  | <input type="checkbox"/> Cluttered     |
| <input type="checkbox"/> Disorganised | <input type="checkbox"/> Chaotic    | <input type="checkbox"/> Uncomfortable |
| <input type="checkbox"/> Organised    | <input type="checkbox"/> Disturbing | <input type="checkbox"/> Empty         |
| <input type="checkbox"/> Homely       | <input type="checkbox"/> Noisy      | <input type="checkbox"/> Relaxed       |
| <input type="checkbox"/> Other .....  |                                     |  |

Additional comments:

.....

.....

.....

.....

Has this home been extensively renovated in the past? ☐ Yes ☐ No

If yes, when did the renovation occur? .....

Briefly describe what was involved in the renovation:

.....

.....

.....

Do you plan to extensively renovate this home in the future? ☐ Yes ☐ No

If yes, when do you plan to renovate? .....

Briefly describe what will be involved in the renovation:

.....

.....

.....

.....

Briefly explain the history of the land or building. For example, was it an aboriginal sacred site, an industrial site, farmland etc.

.....

.....

.....

.....

.....

.....

.....

.....

Briefly describe the history of previous occupants of this home, if known (eg. relationships, health, career, finances etc):

.....

.....

.....

.....

.....

.....

.....

Has any strange phenomena occurred in this home? Please explain:

.....

.....

.....

.....

.....

.....

Please list the details for all of the occupants of this home:

Name	Relationship to you	Date of Birth	Time of Birth	Place of Birth	Bedroom in Floor plan

Briefly describe any major changes in the state of relationships, career, study, health, finances etc since living in this home:

Occupant's Name	Major Changes

Do any occupants of this home have trouble sleeping? ☐ Yes ☐ No

If yes, please expand:

.....  
 .....

Do any occupants experience regular nightmares? ☐ Yes ☐ No

If yes, please expand:

.....

.....

Which areas or rooms do the occupants of this home prefer to use? Briefly explain why.

.....

.....

.....

.....

Are there any areas or rooms that the occupants of this home avoid? Please explain why.

.....

.....

.....

.....

Please list the details of any pets living in the home:

Pet's Name	Animal Type	Areas the pet avoids

Do you get along with your neighbours: ☐ Yes ☐ No

If not, please describe:

.....

.....

Do your neighbours seem to constantly move house? ☐ Yes ☐ No

Have you experienced theft or burglary in this home? ☐ Yes ☐ No

Please expand (when, how many times etc):

.....  
.....

Do you require interior decorating and design advice? ☐ Yes ☐ No

Please expand:

.....  
.....

How did you hear about Jane Langof / Feng Shui Concepts?

- ☐ Association of Feng Shui Consultants ☐ Yellow Pages  
☐ Australian College of Environmental Studies ☐ Google  
☐ Recommendation (please provide details) .....  
☐ Other (please provide details) .....

## DECLARATION

This is to confirm that I, [name]..... and the occupants of this home, give permission to Feng Shui Concepts to conduct a Feng Shui consultation here. I understand that Feng Shui Concepts cannot provide any guarantees or take responsibility for the effectiveness or outcomes resulting from this Feng Shui consultation, as there are factors aside from Feng Shui which contribute to the state of the lives of the occupants in this home.

Signed: ..... Date: .....

## PAYMENT TERMS

Please note that payment is required on the day of the consultation, via cash or cheque. Payment by EFT is accepted where cleared funds are received prior to the date of the consultation. Please contact us if you require EFT details. Thankyou.