

# Interior Design Project Consultation Form

Please complete this form prior to your scheduled design consultation. This document will be printed and kept in your project file.

## Client Contact Information

Full Name:

Phone Number:

Email Address:

Project Street Address:

City, State, Zip:

## Project Overview

Project Type (e.g., Residential, Commercial, Single Room):

Rooms/Areas to be Designed:

Estimated Investment/Budget Range:

Desired Completion Date/Timeline:

## Design & Style Preferences

Preferred Design Style (e.g., Modern, Traditional, Transitional, Industrial):

Preferred Color Palette & Tones:

Styles, Colors, or Elements to Avoid:

Design Inspirations or Key Goals:

## Functional & Property Details

Approximate Year Property Was Built:

Number of Household Members and Pets:

Primary Use of the Space:

Existing Furniture or Decor to Keep:

## Additional Notes

Other Special Requirements or Accessibility Needs: