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# New Client Form

**Client Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**FOCUS:**  Personal  Home  Work

**SERVICES REQUESTED:**  Organizing  Coaching  Group  Workshops

**AREAS:**

- |                                      |   |   |  |
|--------------------------------------|---|---|--|
| <input type="checkbox"/> Office      | <input type="checkbox"/> Bedrooms       | <input type="checkbox"/> Family Room    | <input type="checkbox"/> Meditation/<br>Quiet Area |
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Dining Room    | <input type="checkbox"/> Garage/Storage | <input type="checkbox"/> Guest Room                |
| <input type="checkbox"/> Livingroom  | <input type="checkbox"/> Whole House    | <input type="checkbox"/> Bathrooms      | <input type="checkbox"/> Craft Area                |
| <input type="checkbox"/> Home Office | <input type="checkbox"/> Kids room/Toys | <input type="checkbox"/> Closets        |  |

**CHARITABLE DONATION:**

Ten trees are planted for each new client through Trees for the Future.

Would you like to make an increased or additional donation?  No  Yes Amount \$ \_\_\_\_\_

**GOALS:**

What do you wish to accomplish through working together? \_\_\_\_\_

What has prompted this desire at this time? \_\_\_\_\_

Who else uses the space and do they share the same goals? Will they be part of the process? \_\_\_\_\_

Do you consider yourself organized in general? \_\_\_\_\_

When did the clutter or disorganization start to become a problem for you? \_\_\_\_\_

What, if any, special circumstances should we take into consideration? \_\_\_\_\_

In general, do you like everything where you can see it or tucked away? \_\_\_\_\_