



Coastal Luxe Interiors
BETTER LIVING BY DESIGN

CLIENT INTAKE FORM

The purpose of this questionnaire is to help you to clarify your needs and desires while helping Coastal Luxe Interiors have a better understanding of your goals, desires, and objectives for your project.

CONTACT INFORMATION

Name _____

Shipping Address _____

Billing Address _____

City _____ State _____ Postal/Zip _____

Client Name #1

Cell Phone _____

Email _____

Client Name #2

Cell Phone _____

Email _____

1. How would you prefer to be contacted? (Circle all) Cell Phone #1, Cell Phone #2, Email #1, Email #2

***Coastal Luxe Policy is to use email for all design work. Texting is reserved for appointment confirmation.*

2. Who is responsible for project decisions?

13. Is this your permanent residence or a vacation home?

14. If a vacation home, will you be renting it out?

15. What best describes your ideal timeline for your project? (Circle one) Immediately – I'm sitting on boxes! Within 3 months, 3-6 months, Other

16. Do you want your design done in phases or all in one go? If in phases, please list your priorities.

17. Rooms to be included in your project: (Circle all that apply) Entire Home, Entry Hall/Foyer, Living Room, Dining Room, Family/Great Room, Kitchen, Nook, Office/Study, Laundry Area, Powder Room, Master Bedroom, Guest Bedroom, Master Bathroom, Guest Bathroom, Home Theater/ Media Room, Lower Level/Basement, Outdoor Area

18. Enhancements being considered: (Circle all that apply) Furniture, Reupholstery, Flooring, Window Treatments, Window Replacements or Changes, Appliances, Plumbing Fixtures, Interior Paint, Exterior Paint, Wallcovering, Space Planning, Lighting, Artwork and Accessories

BUILDING/NEIGHBORHOOD SPECIFICS

19. Is home in a gated neighborhood or high rise? If yes, please provide access instructions.

20. If home is in a high rise, is there: access limited to certain times/days? A separate contractor elevator?

21. Is home under an ARC (architectural review committee) If yes, please provide requirements and how often and when the committee meets.

DESIGN STYLE

22. What best describes your style? (Circle all that apply) Traditional, Contemporary, Transitional, Eclectic/Mix, Formal, Casual, I really don't know.
23. What words would you use to describe how you want your home to feel? Casual, Formal, Spacious, Clean, Minimal, Sophisticated, Lived-in, Welcoming, Romantic
24. What design style(s) do you absolutely dislike? Modern, Beachy, Contemporary, Traditional, Eclectic, Bohemian, Farmhouse
25. Do you have any inspirational images you can share? Yes / no if yes, please forward via Email before meeting.
26. What surfaces do you like (Circle all that apply) Glossy, Rough/Natural, Matte
27. What fabrics do you like (Circle all that apply) Leather, Silk, Woven, Wool, Fur, Cotton, Velvet, Embroidered
28. Regarding Color, would you like this room to exude a sense of calm or energy? What colors do you envision. i.e., prefer serene soft colors, cool tones (blues and greens), neutral warm tones, whites or bright bold colors?
29. Are there any color combinations you like?
30. Colors you like:
31. Colors you don't like:

32. Are there any patterns you dislike?

33. What are your preferences for flooring? (Circle all that apply) Hardwood, LVP, Carpet, Concrete, Tile, Marble, or N/A

34. What are your preferences for artwork? (Circle all that apply) abstract, landscape, nature, photographs, architecture.

35. Is there anything about your current home you dislike? If yes, please explain.

LIFESTYLE

36. List household members and ages:

37. Are there any physically challenged or elderly people living in the home? If yes, please explain any special requirements i.e. down allergies, grab bars in bath

38. Household Pets and Special Needs:

39. Your entertaining style is: (Circle one) Formal, Informal, Combination/both

40. Average number of guests: (Circle one) 1-6, 7-12, More than 12

41. Average guest age: (Circle one) Adults, Teenagers, Children, All ages

42. Entertaining preference: (Circle all that apply) Sit-down meals, Buffet-style meals, Watching TV/movies, Games/cards, Music

43. Do you have any hobbies/interests we should consider when designing your spaces? i.e. reading, yoga, meditation, daily naps, arts & crafts

WINDOW COVERINGS

44. If applicable, what are your preferences for Window Coverings? (Circle all that apply)
Room darkening, Light filtering, Privacy, Decorative

45. Do you need sun control from your window treatments? Please explain:

46. Is there anything else you'd like me to know about your lifestyle so we can incorporate into the design?

FUNCTIONALITY, please describe for each room and make copies if necessary.

47. What room do you think will be your favorite/most used room in your new home and why?

48. What part of your home do you think you will use the least?

49. How long do you plan on keeping your new home?

50. What do you currently like about the space?

51. What do you currently dislike about the space?

52. What would you/your family normally do in this space (entertain guests, cook, do homework, eat)?

53. What are your goals for the room/space? i.e., a space for one sole purpose vs a space for mixed activities, a space where parents can work while supervising children, a space that encourages collaboration and creative brainstorming.

54. Are there any pieces of furniture or collections that must be worked into the new plan? Please include photos and measurements.

55. Are there any technical needs associated with your project scope? (Circle all that apply)
Computers, Wireless/DSL/cable, home theater/surround sound, Music, Other