



Designer**Life**Styles

Date _____

Name: _____

Address: _____

City/State/Zip Code: _____

Marital Status _____ Email Address _____

PHONES - Home _____ Cell _____

Can I leave a message on the Home phone? _____ Cell? _____

Date of Birth _____ Age _____

How did you hear about our services? _____

Have you experienced LifeStyle Consulting/Coaching before? _____

If so, when? _____ By whom? _____

Are there any medical conditions I need to be aware of? _____

If yes, please explain _____

Who will be responsible for payment of services? _____

How will payment(s) be made? Cash ___ Mastercard ___ Visa ___ Other ___

If other, please explain. _____

Client Signature _____

Date _____

LifeStyle Consultant Signature _____