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FENG SHUI INTAKE FORM

Name: _____ Date: _____

Address: _____

City: _____ Zip _____

Phone: _____ Email: _____

Please list the Owner(s) first, then residents, pets or employees: _____

Birthdate(s) of people in same order: _____

Occupation(s): _____

How long have you owned this home or office? _____ How long do you plan to stay? _____

Circle if you're concerned about any of these issues:

Air or Water Quality ~ Difficulty Sleeping ~ Environmental Toxins ~ Electro-magnetic Poisoning

Security Issues: Leaks ~ Construction or Foundation issues ~ Robberies or Break-ins ~ Chronic Clutter

Sudden Change in Status: Job ~ Finances ~ Relationship ~ Death ~ Divorce ~ Pregnancy ~ Illness

Love, Intimacy or Relationship Issues: Friends ~ Family ~ Partners ~ Ex-partners ~ Work ~ Neighbors

Esteem Needs: Independence ~ Status ~ Respect ~ Education or Grades ~ Lawsuits or Legal Actions

Realizing Personal Potential: Personal or Spiritual Growth ~ Self-Improvement ~ New Experiences

Are you planning to sell? yes no Remodel? yes no Any people coming in? yes no Any leaving? yes no

Other areas of special concern – color selection, placement, special objects (use the back of the form for more notes):

What are your longterm goals in the following areas:

Health: _____

Financial: _____

Relationship: _____

Children/Family: _____

Professional: _____

I greatly appreciate referrals. Who referred you so that I may thank them?
