

Balanced Way Consulting

Feng Shui Consultation Information Sheet and Questionnaire Residential

Christopher Cole, Feng Shui Consultant

65 Inverness Avenue West, Hamilton, L9C 1A1, mobile 905 317 8899

Name: _____

Previous name (if changed from above): _____

Home address: _____

Telephone number(s): _____

E-mail address: _____

Web page: _____

Birthdate: _____

Additional family: Names and Birth Dates (All names to appear as per birth certificate)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

What are your goals for your Feng Shui? What do you want this consultation to do for you? For example, something general like bring greater harmony and peace to your household, or something specific, like support the desire to find a suitable mate or keep your current relationship healthy? Please be specific and as detailed as you can. And list ALL goals.

6. Unusual changes or differences of temperature: _____

7. Unusual presence of dampness or moisture: _____

8. Other unusual activity: _____

9. Violence or mental / physical abuse: _____

Occupation for last three years of each member in household?
(please list from primary wage earner on down)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Health status, over the last 3 years, of each member in household?

Excellent Good Poor

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Any major surgeries?

A new or recurring illness?

Any psychological problems, old or recent, for example: depression, anxiety, etc...

Include any additional information pertaining to each family member:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

How would you describe yourself / family members spiritually?

Do you actively follow a specific faith?

Do you maintain an area in your home for spiritual practice or meditation?

Is there a dominant colour theme throughout the home. Please be as descriptive as possible.

Master bedroom: _____

Interior entrance / hallway: _____

Kitchen: _____

Are the majority of your home furnishings newer, or antiques? Please describe.

How many rooms are there in the home? _____

What general direction does your front door face? _____

What general direction does your back door face? _____

If you live in a multi-unit building, please list the directions for both the building and your unit's front doors. _____

If applicable, what direction does your patio door face? _____

What general direction does your side door face? _____

Is your attic and / or storage area(s) accessible or cluttered? _____
And the basement? _____

What is the building constructed with? What is the exterior covering: Brick? Siding? Insulated brick?
Wood? Stucco? Other: _____

Do you frequently entertain at home? (this pertains to Feng Shui only) _____

What is your rapport with the neighbour immediately behind you? _____
What is your rapport with the neighbours immediately beside you? _____
What is your rapport with the neighbour immediately in front of you? _____

Describe the traffic flow directly in front of the building. (Circle one)

Heavy Moderate Light

Describe the traffic flow directly beside the building. (Circle one)

Heavy Moderate Light

Are there any of the following within approximately a one block radius of your home?

- | | |
|--------------------------------------|--|
| 1. single-lane highway | 13. 13. hospital / rest home |
| 2. multi-lane highway | 14. 14. funeral home / crematorium |
| 3. hydro tower / transformer station | 15. 15. cemetery |
| 4. water tower | 16. 16. slaughter house |
| 5. bridge | 17. 17. school |
| 6. canal | 18. 18. swimming pool |
| 7. river | 19. 19. airport |
| 8. stream | 20. 20. natural rock structures (2+ stories) |
| 9. swamp | 21. 21. pond |
| 10. ground antenna | 22. 22. police station / jail |
| 11. high-rise (5+ stories) | 23. 23. flag pole |
| 12. church (other) | 24. 24. satellite dish |

Please list, to the best of your ability, the following for each resident:

Favourite colour: 1. _____ 2. _____ 3. _____ 4. _____

Favourite season: 1. _____ 2. _____ 3. _____ 4. _____

Favourite time of day (please specify within a two hour period)

1. _____ 2. _____ 3. _____ 4. _____

Favourite room in the house: 1. _____ 2. _____ 3. _____ 4. _____

Least favourite room: 1. _____ 2. _____ 3. _____ 4. _____

Do you have pets in your home? _____

Please list type, age, and current health status.

1. _____

2. _____

3. _____

Have you noticed any change in your pet(s) health since moving into the present location?

Do you have any plants in your home? _____

Where are they located? _____

Are they healthy or sick? _____

All information will be held in strictest confidence. If you have any questions or concerns, please do not hesitate to contact me immediately.

Christopher Cole, 905 317 8899 Mobile Office Phone

Please Note: The application fee is \$50.00, and this fee will be put towards your Feng Shui consultation. Please make cheques payable to Christopher Cole. If I am unable to work with you, a refund of \$25.00 will be issued.

Also, be sure to include a recent photograph of yourself, your home, and each family member (passport style is sufficient). A blueprint or scale drawing of the home floorplan would be immensely helpful, but not necessary.
