



New Client Initial Assessment Form

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Name: _____ Email: _____

Phone (day): _____ Phone (evenings): _____ Phone (cell): _____

Address: _____ City: _____ State: _____ Zip: _____

Please check all that apply for the following sections.

How did you hear about Re-Create?

- Internet What site? _____
- Media Which one? _____
- Business Card or Leaflet
- Referred by a friend Whom? _____
- Other Specify _____

What best describes you?

- I am usually an organized person, but lately, things have become overwhelming and I need help to re-gain control.
- I have a crazy work schedule and do not have much time to dedicate to getting organized.
- I could get around to it, but just seem to find every excuse to postpone getting organized.
- I have no idea where to begin or how to set up a system that will 'work' for me.

What do you hope to accomplish working with Re-Create?

- My entire home needs organizing. I would like a system set up that will help me keep things organized.
- The way I have things set up works for me, I just need a little assistance purging and re-organizing certain areas of my home.
- All I require is a consultation and some suggestions regarding organizing, as I have the time to complete the work on my own.
- I really need help sorting/purging my closets.
- I am moving/have moved and need help packing/unpacking.
- My home is neat and organized, but I need some advice regarding interior/re-design.
- I am preparing to put my home on the market and am interested in home-staging.

I feel I need to hire an organizer because....

- I spend way too much time looking for things that have been misplaced.
- I can never invite people over on short notice as I need to spend hours organizing and tidying my home before I can have guests over.
- My cabinets are overflowing because I keep buying items without knowing if I have run out or not.

The following times best suit my schedule.....

- Weekday Mornings
- Weekday Evenings
- Weekends Saturday Sunday

How much time do you have to dedicate to organizing your home? _____

What is your time frame? _____

Number of people living in your home _____

Number of children living in your home _____

Do you work from home? Yes No

Hobbies/Interests _____

Thank you for your time.

These questions help us determine your needs so that we are able to optimize our service to you.