



### Pre – Consultation Questionnaire

Client: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

This questionnaire is intended to give our Landscape Consultants a little back-ground information on the area of interest. It will allow us to come to the site with some information that will let us make recommendations and better use of our time together.

1. Please briefly describe the area that will be discussed at the consultation? (Front Yard, Back Yard, Side Yard, Etc.) \_\_\_\_\_  
\_\_\_\_\_

2. Which direction does the area face? \_\_\_\_\_

3. Is the area sunny or shady? \_\_\_\_\_

4. Are there any soil issues that you have noticed? Too moist, too dry, lots of clay, etc. \_\_\_\_\_  
\_\_\_\_\_

5. Are there any plants that you know you would like to include if they are appropriate for the site?  
\_\_\_\_\_

6. Are there any plants that you dislike? \_\_\_\_\_

7. Are there certain colors that you like or dislike more than others? \_\_\_\_\_  
\_\_\_\_\_

8. Do you like ornamental grasses? \_\_\_\_\_

9. Is a seasonal planting area important to you, for adding color throughout the year?  
\_\_\_\_\_