

Personal Preference Questionnaire

We currently have a vast majority of this information, but we continually want to keep our information current. As many of you know, we enjoy doing things for our clients on a personal level and this information will be kept **strictly confidential**.

Please complete and return the following questionnaire.

Sending your response via email; please copy and paste this questionnaire into a new email, complete it, and send it to

Sending your response by mail; send to:

Client 1

Client Information

Client Name

Email

DOB

How do you prefer
to be contacted?

Home Phone

Work Phone

Cell Phone

Email

Personal/Family Information

Wedding Anniversary Date

Future Wedding Date (if engaged)

Shirt Size (S, M, L, XL, etc.)

Client 2 (if applicable)

Client Information

Client Name

Email

DOB

How do you prefer
to be contacted?

Home Phone

Work Phone

Cell Phone

Email

Personal/Family Information

Wedding Anniversary Date

Future Wedding Date (if engaged)

Shirt Size (S, M, L, XL, etc.)

(1) Child Name	DOB	Address (if different from yours)	Email	SSN# (opt)
(2) Child Name	DOB	Address (if different from yours)	Email	SSN# (opt)
(3) Child Name	DOB	Address (if different from yours)	Email	SSN# (opt)
(4) Child Name	DOB	Address (if different from yours)	Email	SSN# (opt)

Client Questionnaire (cont)

Client 1

Employment Information

Employer
(last if retired)

Job Title

Address

Work Phone

Personal Preferences

What type of car(s) do you own? MAKE

MODEL

What type of wine do you prefer?

Red White

No preference Don't drink wine

When visiting our office, which do you prefer to drink?

Water Coffee

Iced Tea Hot Tea

Soda — Please specify:

Other — Please specify:

Which type of coffee do you prefer?

Regular Decaffeinated

No preference Don't drink coffee

Which type of chocolate do you prefer?

Milk Chocolate Dark Chocolate

No preference Don't care for chocolate

Which would you prefer to receive?

Flowers — Favorite flower:

Plant No Preference

Client 2 (if applicable)

Employment Information

Employer
(last if retired)

Job Title

Address

Work Phone

Personal Preferences

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MODEL

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Other — Please specify:

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No preference Don't drink coffee

Which type of chocolate do you prefer?

Milk Chocolate Dark Chocolate

No preference Don't care for chocolate

Which would you prefer to receive?

Flowers — Favorite flower:

Plant No Preference

Client Questionnaire (cont)

Client 1

Personal Preferences (cont)

What newspaper do you prefer to read?

Omaha World-Herald

USA Today

Wall Street Journal

Other — Please specify:

Favorite type of movie

Favorite TV show

Favorite snack

Favorite type of music

Do you play golf?

Do you play tennis?

Do you go to the theatre?

Do you enjoy museums?

Do you belong to a gym?

If so, which one?

Hobbies (other than those listed above)

Favorite hometown attraction

Favorite restaurant

Favorite author

Do you have any pets?

If so, what are their names & DOB?

Client 2 (if applicable)

Personal Preferences (cont)

What newspaper do you prefer to read?

Omaha World-Herald

USA Today

Wall Street Journal

Other — Please specify:

Favorite type of movie

Favorite TV show

Favorite snack

Favorite type of music

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Favorite hometown attraction

Favorite restaurant

Favorite author

Do you have any pets?

If so, what are their names & DOB?

Client Questionnaire (cont)

Client 1

Personal Preferences (cont)

Do you have season tickets for any sports?
School(s)/Professional team(s)/Sport(s)

Past accomplishment you are most proud of?

What is a future goal of yours?

Client 2 (if applicable)

Personal Preferences (cont)

Do you have season tickets for any sports?
School(s)/Professional team(s)/Sport(s)

Past accomplishment you are most proud of?

What is a future goal of yours?