

Closet Audit Styling Session Intake Form

Personal Information

Full Name

Email

Phone Number

About You

Occupation

Briefly describe your lifestyle

Do you have any style icons or inspirations?

Wardrobe & Style

What are your main goals for this closet audit session?

How would you describe your current style?

Biggest challenges with your wardrobe

Favorite pieces you wear often

Items you avoid wearing and why

Fit & Preferences

Sizes worn (tops, bottoms, dresses, shoes)

Any fit preferences (slim, relaxed, tailored, etc.)

Preferred colors or patterns

Colors or styles you avoid

Budget range for new items (if applicable)

Additional Notes

Anything else you'd like to share