

Men's Personal Styling Consultation Intake Form

Full Name

Email Address

Phone Number

Age

Occupation

Lifestyle (e.g. work, leisure, events)

What are your primary goals for this consultation?

How would you describe your current style?

What do you like/dislike about your current wardrobe?

How often do you shop for clothing?

Typical monthly clothing budget

Any fit issues or areas that are hard to shop for?

Top Size / Bottom Size / Shoe Size

Preferred colors, patterns, or fabrics

Any styles, colors, or brands you'd like to avoid?

Style icons or references you admire

Anything else we should know?