

# Virtual Styling Session Client Intake Form

Full Name

Email Address

Phone Number

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What are your main style goals?

Do you have any preferred colors, brands, or styles?

Please list your sizes (tops, bottoms, dresses, shoes, etc.)

How do you prefer your clothes to fit?

Approximate budget for this session

Biggest challenges when shopping for clothing

Allergies or sensitivities (fabrics, etc.)

Anything else you'd like your stylist to know?

