



Multi-Dimensional Healing

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Feng Shui Business Consultation Questionnaire

Name:

Business Name:

Address: Street

State:

Zip Code:

Telephone: Work:

Cell:

Home:

E-Mail Address:

Fax Number:

Type of business:

Date of Birth (Please include year and time)

Please list the people whom you work closest with:

Name

Relationship

Birth dates

What is the primary reason you have decided to seek feng shui expertise to enhance the energy in your business?

How did you hear about us?

ABOUT YOUR BUILDING:

What year was your office built?

What is the approximate square footage of your office space?

Do you own or rent your office space?

How many staff members are employed in your building?

How long have you worked in your present building?

Do you know the history of your office building and its previous occupant's?

Have they prospered and moved to a bigger office building?

Are you aware of anything positive or negative that may have happened with them and the company?

Since moving into this office, have you noticed any changes in your business either positive or negative?

Do you feel your office building requires a space clearing? (This is cleansing any old negative energy out of the building)