

# Personal Styling Program at *The Mall at* SHORT HILLS

## CONSULTATION FORM

Name: \_\_\_\_\_ Day, Date & Time: \_\_\_\_\_

1. What is your current fashion style? \_\_\_\_\_

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2. Why do you desire a styling session? (check all that apply)

- Need a new look
- Starting or looking for a new job
- Seasonal trends/pieces
- Special events

3. In what areas do you need advice? (check all that apply)

- Choosing clothes that fit my age/body/etc.
- Accessorizing
- Shoes and handbags
- Other: \_\_\_\_\_

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4. In the course of a week, what are your go-to outfits? \_\_\_\_\_

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5. Which brands do you wear now that fit you well? \_\_\_\_\_

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6. If you had an unlimited budget, where would you want to shop? \_\_\_\_\_

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7. Do you shop in store, online or both (% of each)? \_\_\_\_\_

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