## therapeutic gardens australia

## EDIBLE GARDEN

**EXISTING STRUCTURES** 

**GARDEN USES** 

SKETCH THE ASPECT & DIMENSIONS

**EDIBLE PLANTS TO INCLUDE** 

DESCRIPTION OF MY DREAM GARDEN
AND ITS USES

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## EDIBLE GARDEN

	Attach pictures/ sketches from at	NOTES
	least two angles  Note the soil conditions &	
	drainage.	
	Note any accessibility needs or	
	issues	
	Note the <b>current</b>	
	type/frequency of garden use	
	Note the <b>intended</b>	
	type/frequency of garden use	
	Note your preferred budget	
	Note any allergies of garden	
	users	
Client Name		
Client Phone Number		

Return this form to **jo@therapeuticgardens.com.au** with your preferred time for a 15 minute phone consultation.

**Client Address**