

*therapeutic gardens*  
*australia*

# SENSORY GARDEN

**EXISTING STRUCTURES**

**GARDEN USERS & AGE**

**SKETCH THE ASPECT &  
DIMENSIONS**

**USERS NEEDS**

**DESCRIPTION OF MY DREAM SENSORY  
GARDEN AND ITS USES**

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# SENSORY GARDEN

- Attach pictures/ sketches from at least two angles
- Note the soil conditions & drainage.
- Note any accessibility needs or issues
- Note the **current** type/frequency of garden use
- Note the **intended** type/frequency of garden use
- Note your preferred budget
- Note any allergies, current therapies or programs of garden users

NOTES

Client Name

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Client Phone Number

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Client Address

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Return this form to [jo@therapeuticgardens.com.au](mailto:jo@therapeuticgardens.com.au) with your preferred time for a 15 minute phone consultation.