



# CLIENT PROFILE

TOOLKIT.

BY THE CONCIERGE HUB

# Client Profile & Lifestyle Map

One document per client. Update after every significant interaction.

## A — CLIENT INFORMATION

Client name / household name	Date profile created	
Primary address	City / Country	Property type
Additional properties (list cities)		
Best contact method	Contact number / handle	Best contact time
Gatekeeper / PA name	Gatekeeper contact	

## B — HOUSEHOLD MEMBERS

Adults in household	Ages / relationship
Children: names and ages	School / schedule notes
Pets: type, name, notes	Vet contact
Frequent guests or family members to note	

## C — DAILY RHYTHM & ROUTINE

Wake time	Breakfast preference	Morning routine notes
Workout schedule	Preferred time	Trainer / class / location
Lunch habits	Evening routine	
Regular weekly commitments		

## D — COMMUNICATION PREFERENCES

### PREFERRED CHANNEL

<input type="checkbox"/> WhatsApp	<input type="checkbox"/> iMessage	<input type="checkbox"/> Email	<input type="checkbox"/> Signal
<input type="checkbox"/> Telegram	<input type="checkbox"/> Phone call	<input type="checkbox"/> Slack	<input type="checkbox"/> Other

Preferred frequency	Preferred tone	Do-not-disturb windows
Reporting format preferred	Emergency contact protocol	

## E — PREFERENCES & STANDARDS

Preferred room temperature

Preferred pillow type

Preferred scent / candle

Morning newspaper / reading

Music preferences

Cleaning products (brands / restrictions)

Preferred grocery brands / suppliers

Dietary requirements / allergies

Dietary preferences

Favourite restaurants (by city)

Favourite hotels / room preferences

Favourite flowers / arrangements

Table setting style

## F — TRAVEL PROFILE

Travel frequency

Most frequent destinations

Preferred airline / class

Seat preference

Meal preference on flights

Private jet operator (if applicable)

Loyalty programmes / numbers

Passport numbers and expiry dates (all members)

Travel insurance provider

Policy number

Preferred transfer / car service

Driver contact (per city)

## G — THE NEVER LIST

*Things to never do, say, serve, book or suggest. Update whenever something is discovered.*

Never list (be specific)

**H — ANNUAL CALENDAR & KEY DATES**

JANUARY  
\_\_\_\_\_

FEBRUARY  
\_\_\_\_\_

MARCH  
\_\_\_\_\_

APRIL  
\_\_\_\_\_

MAY  
\_\_\_\_\_

JUNE  
\_\_\_\_\_

JULY  
\_\_\_\_\_

AUGUST  
\_\_\_\_\_

SEPTEMBER  
\_\_\_\_\_

OCTOBER  
\_\_\_\_\_

NOVEMBER  
\_\_\_\_\_

DECEMBER  
\_\_\_\_\_

**I — BIRTHDAYS, ANNIVERSARIES & OCCASIONS**

PERSON	DATE	OCCASION	GIFT HISTORY / NOTES

**J — EMERGENCY CONTACTS**

Doctor / GP  
\_\_\_\_\_

Emergency contact (family)  
\_\_\_\_\_

Security contact  
\_\_\_\_\_

Building / property manager  
\_\_\_\_\_

Insurance emergency line  
\_\_\_\_\_

Other  
\_\_\_\_\_

**K — GENERAL NOTES & OBSERVATIONS**

Notes (personality, working style, things to remember)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Household Staff Sheet

One sheet per household. Include all regular and occasional staff.

Client / Household name	Last updated
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NAME	ROLE	CONTACT	SCHEDULE
	Housekeeper / Cle.		
	Private Chef		
	Driver / Chauffeur		
	Nanny / Childcare		
	Personal Assistant		
	Household Manager		
	Gardener / Landsc.		
	Security		
	Pool Technician		
	Dog Walker / Pet .		
	Other		
	Other		

## NDA & ONBOARDING TRACKER

STAFF NAME	NDA SIGN.	DATE	ONBOARDED BY	NOTES
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

STAFF NAME	NDA SIGN.	DATE	ONBOARDED BY	NOTES
	<input type="checkbox"/>			

**COVER PROTOCOL — WHO COVERS WHOM**

ROLE	REGULAR STAFF MEMBER	COVER CONTACT	CO.
<i>Housekeeper</i>			
<i>Chef</i>			
<i>Driver</i>			
<i>Nanny</i>			
<i>Other</i>			

# Vendor & Supplier Contact List

Rate each supplier: R = Reliable D = Discreet Q = Quality (1-5 per category)

## TRANSPORTATION

SERVICE / NAME	CONTACT	CITY	R/D/Q	NOTES
Private driver (city 1)				
Private driver (city 2)				
Private jet operator				
Yacht broker				
Helicopter operator				

## HOUSEHOLD SERVICES

SERVICE / NAME	CONTACT	CITY	R/D/Q	NOTES
Housekeeper / Cleaning company				
Plumber				
Electrician				
HVAC technician				
Locksmith				
Pest control				

## WELLNESS & HEALTH

SERVICE / NAME	CONTACT	CITY	R/D/Q	NOTES
Private GP / Doctor				
Physiotherapist				
Massage therapist				
Aesthetician / Facialist				
Personal trainer				
IV therapy provider				

## FOOD & CULINARY

SERVICE / NAME	CONTACT	CITY	R/D/Q	NOTES
<i>Private chef</i>				
<i>Preferred caterer</i>				
<i>Wine / sommelier contact</i>				
<i>Specialist food supplier</i>				
<i>Grocery delivery service</i>				

## HOME & LIFESTYLE

SERVICE / NAME	CONTACT	CITY	R/D/Q	NOTES
<i>Interior designer</i>				
<i>Art installer / advisor</i>				
<i>Florist</i>				
<i>Furniture / décor supplier</i>				
<i>Smart home / AV technician</i>				

## FAMILY & PERSONAL

SERVICE / NAME	CONTACT	CITY	R/D/Q	NOTES
<i>Preferred babysitter / nanny agen.</i>				
<i>Tutor</i>				
<i>Dog walker / groomer</i>				
<i>Vet</i>				
<i>Personal shopper</i>				

# Weekly Task Tracker

One page per week. Print or fill digitally.

Client / Household \_\_\_\_\_

Week of \_\_\_\_\_

Concierge \_\_\_\_\_

## PRIORITY TASKS THIS WEEK

TASK	DUE	VENDOR / CONTACT	STATUS	NOTES
<input type="checkbox"/> Urgent				
<input type="checkbox"/> High				
<input type="checkbox"/> High				
<input type="checkbox"/> Medium				
<input type="checkbox"/> Medium				
<input type="checkbox"/> Medium				
<input type="checkbox"/> Low				
<input type="checkbox"/> Low				
<input type="checkbox"/> Low				
<input type="checkbox"/> Low				

## DAILY SNAPSHOT

MON	TUE	WED	THU	FRI	SAT	SUN

**FOLLOW-UPS & PENDING ITEMS**

ITEM	WAITING ON	DEADLINE	ST.

**WEEK NOTES & OBSERVATIONS**

Notes, things to carry forward, observations about the client this week

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# Payment & Billing Sheet

One sheet per client. Keep updated after every transaction.

Client / Household name	Billing reference / ID
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**A — MEMBERSHIP & SERVICE PACKAGE**

**MEMBERSHIP TYPE**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Monthly retainer | <input type="checkbox"/> Annual membership | <input type="checkbox"/> Pay-per-service |
| <input type="checkbox"/> Project-based    | <input type="checkbox"/> Other             |  |

Package / tier name	Start date	Renewal date
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Monthly / annual fee	Currency	Payment method	Auto-renews?
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What is included in the package

What is excluded / billed additionally

**B — PAYMENT METHODS ON FILE**

Store card details securely. Never write full card numbers — last 4 digits only.

CARD TYPE	CARDHOLDER NAME	LAST 4 D.	EXPIRY	BILLING ADDRESS	PRIMAR.
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**C — RECURRING PAYMENTS & SUBSCRIPTIONS**

Track all recurring charges: memberships, services, subscriptions managed on behalf of client.

DESCRIPTION	AMOUNT	CURRE.	FREQUEN.	NEXT CHA.	CARD USED	ST.

DESCRIPTION	AMOUNT	CURRE.	FREQUEN.	NEXT CHA.	CARD USED	ST.



**G — BILLING NOTES**

Payment terms, special agreements, billing preferences, notes

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