



CLIENT ASSESSMENT FORM

Name: _____

Date: _____

Telephone: _____

Email: _____

Please list your three (3) favorite restaurants:

1. _____

2. _____

3. _____

Please designate your favorites with regard to each of the following:

(A) Love it

(B) Like it a lot

(C) I'll have it once in awhile

(D) Rarely have it

(E) Hate it

Beef _____

Pork _____

Chicken _____

Turkey _____

Lamb _____

Veal _____

Seafood _____

What are your favorite types of seafood?

Do you enjoy Vegetarian/Vegan entrees?

Yes / No (circle one)

Are you allergic or sensitive to any foods?

Yes / No (circle one)

*If yes, please fill out our Allergy Assessment Form

Do you enjoy pasta as an entrée? **Hot / Cold / Both** (circle one)

Do you enjoy soups and salads as a main dish? **Yes / No** (circle one)

May I cook with wine/liquor? **Yes / No** (circle one)

Please circle any medical conditions or situations:

Diabetic

Cardiac Condition

High Blood Pressure

High Cholesterol

Light Salt

No Salt

Low Fat

No Fat

Are you trying to lose weight? **Yes / No** (circle one)

Do you enjoy global/ethnic cuisine? **Yes / No** (circle one)

If yes, what type: _____

Do you enjoy spicy foods? **Yes / No** (circle one)

Do you like to eat breads or rolls with dinner? **Yes / No** (circle one)

If yes, what type: _____

Do you like to eat salads with your dinner? **Yes / No** (circle one)

Favorite greens: _____

Do you like to eat soup with your dinner? **Yes / No** (circle one)

Favorite soups: _____

How would you like your meals packaged? (circle one)

Individually

For Two

Family Style

How will you reheat your food? (circle one)

Microwave

Oven/Stovetop

Your stovetop is: **Gas** **Electric** (circle one)

Are there any favorite recipes you would like me to prepare for you and if so, what are they?

How long do you anticipate having a personal chef service? (circle one)

One time thing Short term Long term Not Sure

How much input into menu planning would you like to have? (circle one)

A lot A little bit Some Leave everything to me

What is the best time of day to contact you? _____

Do you have any other comments or concerns?
