

**Client Assessment Form
For Preferences and Requirements**

Name: _____ **Home Phone:** _____ **Date:** _____

Please specify how many household members: _____ **Desired Start Date:** _____

Emergency contact numbers: _____ **Cell** _____ **Work** _____

Spouse/Domestic partner's name: _____ **Cell** _____ **Work** _____

Friend/Family member's name: _____ **Cell** _____ **Work** _____

General Practitioner's name and phone number: _____

Is anyone diabetic, hypoglycemic/hyperglycemic? HBP? High Cholesterol?

**Does anyone have any other medical conditions or situations that need to be addressed?
(IE: Crohn's disease, pregnancy, thyroid, etc)**

**Do you follow a doctor's or dietician's recommended diet?
(IE: foods to avoid, sodium intake, caloric intake, etc)**

Are there any known food allergies (ingredients such as wheat/gluten, specific foods such as shellfish, etc)? _____

If yes, please specify person's name with allergy type:

Does anyone have a nut allergy?

Please list all medications currently taking (Lipitor, Coumadin, etc. as well as certain foods must be avoided):

Is anyone lactose intolerant? _____

Are there any food sensitivities (such as garlic, peppers, cucumbers, etc)? _____
If so, please specify person's name with specific food:

Are you trying to lose weight? _____

Please circle diet you prefer to follow:

Low-Fat

Low-Carbohydrate "Pyramid" (FDA standard recommended diet)

Other (specify): _____

How many hours per week do you spend on the following?

Menu planning: _____

Shopping: _____

Cooking: _____

Cleaning Kitchen: _____

How often per week do you eat out?

What are some of your favorite restaurants?

How often do you have desserts and what are some of your favorites?

Do you have any particular recipes that you want me to prepare?

Would you like meals prepared (marinated) for you to cook on your BBQ?

May I cook with wine and/or liquors?

Please circle your preference on salt intake?

No Salt Light salt

Please circle type of salt preferred?

Kosher Sea Salt Salt-substitute Table Salt

Please circle your preference on sweeteners:

Granulated Sugar Brown Powdered Splenda Splenda-Brown Sugar

Equal Sweet-n-Low Honey Stevia

Please circle your preference on cheese:

Real Low-Fat Non-Fat Soy Cheese

Please circle all cheeses enjoyed:

American Asadero Asiago Blue Brie

Camembert Cheddar (mild, medium or sharp) Colby-Jack Cotija

Cottage Cheese Edam Feta Fontina Gorgonzola Gouda Gruye`re

Jarlsberg Monterrey Jack (regular or peppered) Mozzarella Meunster

Oaxaca Panela Parmesan Provolone Ricotta Romano Queso Blanco

Queso Fresco Queso Quesadilla Swiss (baby or big eye)

Please circle your preference on milk:

Skim 1% 2% Whole

Whipping/Heavy Cream Half-and-Half Fat-Free Half-and-Half

Evaporated Fat-Free Evaporated Soy Milk Rice Milk Almond Milk

Goat's Milk Powdered Milk Organic Lactose Free Milk

Please circle your desired spice index of foods:

Extra Mild Mild Mild-Medium

Medium Hot Laser Incredibly Painful

Are there any flavors or particular foods you just plain dislike? (IE, curry, peanut oil, liver/gizzards, etc.)

Please circle how you want your ingredients (such as onions) chopped:

Small diced Medium diced Large diced

Please circle your desired protein portion size:

Strict (4oz) Regular (6 oz) Large (8 oz) Super-Sized (10-12 oz)

Please circle your desired starch portion size:

Strict (1/3 cup) Regular (1/2 cup) Large (3/4 cup) Super-Sized (1 cup)

Please circle your desired vegetable portion size:

Strict (1/2 cup) Regular (3/4 cup) Large (1 cup) Super-Sized (1-1/2 cups)

Do you enjoy soups, chilies, or stews as a main dish?

Do you enjoy salads as a main dish?

Are breads or rolls are enjoyed with your meals?

List favorite types:

Do you like to eat salads (tossed, pasta salads, etc) with your entrees?

What cuisines do you enjoy?

Mexican Thai/Asian French Italian

Indian Mediterranean Greek "Cajun"

How many times per week do you enjoy the following?

Poultry Beef Pork Lamb/Veal Fish/Shellfish

Please circle how you prefer your red meat cooked:

Rare Medium-Rare Medium Done Well-Done

Please circle all types of red meat preferred:

Roasts Shanks Chops Steaks Ribs

Ground Cheeks Liver Tongue Tripe Cubed Bone-In Boneless

Please circle all types of poultry desired:

Chicken Turkey Duck

Cornish-Hen Quail Goose Pheasant Roaster Hen

Please circle your preference:

White Dark Both Whole Bird Ground

Skin-Bone-In Skinless/Bone-In Skinless/Boneless Hearts Liver Gizzards

Please circle types of shellfish preferred:

Shrimp Scallops Mussels Oysters

Crab Lobster Crawfish Clams Prawns

Please circle types of fish preferred:

Salmon Tuna Orange-Roughy Cod Shark

Sea Bass Halibut Pollock Haddock Flounder Grouper Snapper Sword Bass

Redfish Flounder Mahi Mahi Mako Monk Sole Skate Ahi Sturgeon

Speckled Trout Sea Trout King Fish Rock Fish Perch Rainbow Trout Trout

Catfish Tilapia Basa Walleye Pike Whitefish Sun Fish

Do you enjoy any game or specialty meats? (Please specify IE: Bison, Ostrich, Elk, Venison, Rabbit, Boar, etc.)

Please circle how you like foods prepared (circle as many as apply):

Fried Sautéed Broiled Pan-Seared Grilled Roasted Boiled

Baked Steamed Braised Stewed

Do you enjoy any meatless entrees?

Please circle enjoy any meat substitutes you enjoy:

Seitan Tempeh Tofu Textured Vegetable Protein

Meat Substitutes (“gimme lean”, boca crumbles, etc.)

Does anyone follow a vegan or macrobiotic diet?

Please indicate if a raw or cooked food diet followed?

Is anyone vegetarian?

If yes, please circle type of vegetarian:

Pescatarian (no meats but will eat fish)

Flexitarian/Semi-Vegetarian (mostly vegetarian but occasional meat)

Lacto-Ovo-Vegetarian (no meat, fish or shellfish but will eat dairy and eggs)

Lacto-Vegetarian (no meat, shellfish, fish or eggs but will eat dairy)

Ovo-Vegetarian (no meat, shellfish, fish or dairy but will eat eggs)

Please circle all grains, pastas, and rices enjoyed:

Barley Tabouleh (Bulgur Wheat) Polenta Quinoa Wild Rice Arborio Rice (risotto)

Saffron Rice Brown Rice Jasmine Rice (medium grain) Long Grain Rice (white)

Mexican Rice Angel Hair Pasta Elbow Macaroni Fine Couscous Isareli (Pearl) Couscous

Farfalle (bow-tie shaped) Fettucine Fusilli Lasagna Noodles Linguine

Manicotti Orzo (rice shaped pasta) Penne Ravioli Spaghetti

Shells (small or jumbo) Tortellini Soba Noodles Rice Noodles Spaghetti

Are breads or rolls are enjoyed with your meals? List favorite types:

Do you like to eat salads (tossed, pasta salads, etc) with your entrees?

How would you prefer your entrees packaged?

Individual Packages of Two Family- Style

Please circle all appliances preferred for heating foods?

Microwave Stovetop

Oven No Preference Combo (specify types) _____

Do you own a microwave oven?

Is it functioning properly?

Is your stove gas or electric?

Are all burners functioning properly?

Is your oven gas or electric?

Do you have 1 or 2 ovens?

Is oven(s) functioning properly?

Do you have a convection feature(s) on your oven(s)?

Do you have an oven thermometer?

Is your oven(s) self-cleaning?

Do you have a freezer thermometer?

Do you have a refrigerator thermometer?

Do you have a free-standing freezer?

If yes, please give location:

Do you have an “extra” refrigerator?

If yes, please give location:

What other kitchen equipment/appliances do you own?

Toaster Oven Bread Machine Blender Emersion (Hand) Blender

How did you find out about my services? (Referral, my website, American Personal & Private Chef web site, or yellow pages)

Please list any concerns or other instructions that you may have: