



Date Service to Begin

Package Size

Client Assessment of Nutritional Information

Name: _____ Spouse: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Office Phone: _____

Address: _____ City: _____ Zip: _____

Do you have children at home? Y/N

Name: _____ Age/Birthday: _____

Name: _____ Age/Birthday: _____

Name: _____ Age/Birthday: _____

Nanny or Au Pair Name: _____

Do you have any food allergies or sensitivities? Y/N _____

Special health concerns with your diet? _____

Do you have pets? Y/N Name: _____ Breed: _____

Name: _____ Breed: _____

How did you hear about my personal chef service?

Web _____ APPCA Web _____ Another Client _____ Media Article _____ Other _____ Gift _____

Have you used a personal chef service before this? Y/N

Global cuisine you like:

French _____ Italian _____ Mexican _____ Thai _____ Greek _____ German _____ Indian _____ Asian _____

Spicy Food Scale: Bland _____ Mild _____ Medium _____ Hot _____

Percentage of Food Styles You Preferr? Gourmet _____ Home-style _____ Vegetarian _____

Beef _____ Pork _____ Chicken _____ Turkey _____ Shellfish _____ Fish _____ Lamb _____ No Meats _____

Fish: Salmon _____ Halibut _____ Cod _____ Grouper _____ Tuna _____

Swordfish _____ Sole _____ Sea Bass _____ Mahi Mahi _____ Snax Don't like any fish _____

Shellfish: Shrimp _____ Clams _____ Crab _____ No Shellfish _____

Chicken: White Meat Y/N Dark Meat Y/N Bone In Y/N Boneless Y/N

Can side dishes be made with: (Please check individual items if ok)

Rice _____ Pasta _____ Fruit _____ Grains _____ Vegetables _____

Grains: Brown rice _____ Bulger _____ Quinoa _____ Barley _____

Pulses, Beans, Lentils: Lentils _____ Split Peas _____ Black _____ Pinto _____ Cannellini _____

Nuts: Walnuts _____ Cashews _____ Almonds _____ Peanuts _____ Pine Nuts _____ Pistachio _____ Hazelnut _____

All Nuts _____

Cheese favorites: All ok _____ No Cheese _____

Varieties you prefer: Blue _____ Cheddar _____ Jack _____ Brie _____ Feta _____ Goat _____ Parmesan _____

Asiago _____ Swiss _____ Gorgonzola _____ Mozzarella _____ Fresh Mozzarella _____ Ricotta _____ Provolone _____

Favorite fresh vegetable: #1 _____ #2 _____

#3 _____ #4 _____

Favorite fresh herbs: #1 _____ #2 _____

#3 _____ #4 _____

Are there any flavors, foods, vegetables or fruits you DISLIKE? Please list _____

May I cook with moderation using wine or grain spirits? Y/N

Premium options available in addition to standard package pricing: organic meats, grass fed beef or wild caught fish

Are you interested in premium products? Y/N *Additional cost is simply the difference between the premium food cost and the traditi

Are there any flavors, foods, vegetables or fruits you DISLIKE? Please list _____

Do you like to eat salads with protein (fish, beef or fish) as a main entree? Y/N

Would you like meals prepared for you to cook on your BBQ? _____

Do you have an extra refrigerator in your garage or basement? _____

Special comments or concerns with your current nutrition and or current wellness goals _____

Thank you for the information you provided to help me design menus that will support your health & nutrition goals. ~!