

**CLIENT ASSESSMENT FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers:

H: \_\_\_\_\_ W (His): \_\_\_\_\_ W (Her:) \_\_\_\_\_

Cell (His): \_\_\_\_\_ Cell (Her): \_\_\_\_\_

E-Mail Addresses:

Home: \_\_\_\_\_

W (His): \_\_\_\_\_

W (Her): \_\_\_\_\_

E-Mail address(es) for any menu selections: \_\_\_\_\_

Birthday: H: \_\_\_\_\_ W: \_\_\_\_\_

Other Birthdays: \_\_\_\_\_

Do you enjoy soups or salads: \_\_\_\_\_ Hot \_\_\_\_\_ Cold

Do you enjoy soups or salads as a main dish? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you enjoy pastas as entrees: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Hot \_\_\_\_\_ Cold

Meat preferences:

\_\_\_\_\_ Beef \_\_\_\_\_ Pork \_\_\_\_\_ Turkey \_\_\_\_\_ Chicken

\_\_\_\_\_ Poultry white meat \_\_\_\_\_ Poultry dark meat \_\_\_\_\_ Poultry - both white & dark

How do you like your beef cooked? \_\_\_\_\_ Rare \_\_\_\_\_ Medium \_\_\_\_\_ Well

Do you like grilled food? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you sensitive to any of the following:

Garlic \_\_\_\_\_ Onions \_\_\_\_\_ Mushrooms \_\_\_\_\_ Bell Peppers \_\_\_\_\_

Other sensitivities: \_\_\_\_\_

Are you lactose intolerant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you allergic to anything? \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies: \_\_\_\_\_

Are there any fruits or vegetables that you dislike?

Like: \_\_\_\_\_

Dislike: \_\_\_\_\_

How do you like your portions chopped? \_\_\_\_\_ Large \_\_\_\_\_ Small

Are there any other flavors or foods that you just plain dislike?

May I cook with wine and/or liqueurs/alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No

What global cuisines do you enjoy?

\_\_\_\_\_ Mexican \_\_\_\_\_ Italian \_\_\_\_\_ Thai \_\_\_\_\_ Asian

\_\_\_\_\_ French \_\_\_\_\_ Other

Spicy Food Scale:

\_\_\_\_\_ Bland \_\_\_\_\_ Mild \_\_\_\_\_ Medium \_\_\_\_\_ Hot

\_\_\_\_\_ Laser \_\_\_\_\_ Incredibly Painful

Do you like tossed salads with entrees? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you like grape and/or cherry tomatoes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Favorite greens: \_\_\_\_\_

How would you prefer your meals packaged?

\_\_\_\_\_ Individual                      \_\_\_\_\_ For Two                      \_\_\_\_\_ Family Style

What appliance will you use to heat your food?    \_\_\_\_\_ Microwave    \_\_\_\_\_ Oven

Is your stove:                      \_\_\_\_\_ Gas                      \_\_\_\_\_ Electric

Oven functioning and accurate?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Freezer space: \_\_\_\_\_

Where is your fuse/breaker box? \_\_\_\_\_

Do you have children?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If so, names & ages:

\_\_\_\_\_

Do you have pets?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Name(s): \_\_\_\_\_

Breed(s): \_\_\_\_\_

Friendly?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Indoor                      \_\_\_\_\_ Outdoor

Please note any security arrangements necessary for me to be able to enter your home to cook for you: \_\_\_\_\_

\_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_