



Chef Patricia

Personal Chef
and Caterer

Client Assessment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: _____

Secondary Telephone: _____

E-Mail: _____

Are you allergic to anything? No ___ Yes ___

If yes, please list foods: _____

Are you sensitive to any of the following?

Garlic ___ Onions ___ Mushrooms ___ Bell Peppers ___ Tomatoes ___

Are you Lactose Intolerant? Yes ___ No ___

Preferred Milk: Fat Free ___ 1% ___ 2% ___ Regular Whole ___

Are there any fruits or vegetables that you particularly like or dislike? If so, please list:

Do you enjoy soups? Yes ___ No ___

If yes, do you prefer hot or cold soups? Hot ___ Cold ___

Do you enjoy salads with entrees? Yes ___ No ___

Favorite greens? _____

Are there any herbs you do not like? _____

Do you like cherry tomatoes? Yes ___ No ___

Favorite salad dressings _____

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

Do you enjoy pasta dishes as entrees? Yes ___ No ___

If yes, do you like the following: Hot ___ Cold ___ Tomato-based sauce ___ White Cream Sauce ___

Approximately how often would you enjoy the following?

Beef: Often ___ Seldom ___

Pork: Often ___ Seldom ___

Turkey: Often ___ Seldom ___

Chicken: Often ___ Seldom ___ Dark Meat ___ White Meat ___

Fish/Seafood: Often ___ Seldom ___ (List favorites so I may select the freshest catch of the day from your list of preferences).

Do you enjoy vegetarian/vegan entrees? Yes ___ No ___

Which type of cheese do you prefer? Nonfat ___ Low Fat ___ Full fat ___

Are there any other favors or foods you just plain dislike? No ___ Yes _____

May I cook with wine and/or liquors? Yes ___ No ___

Any medical conditions or allergies? Yes ___ No ___

Check any that apply:

___ Gluten-free

___ Dairy free

___ Light salt

___ No refined sugar

Are you trying to lose weight? Yes ___ No ___

Would you like portion control? Yes ___ No ___

What global cuisines do you enjoy?

- Mexican
- Thai
- French
- Italian
- Oriental

Other _____

Spicy food scale: Bland Mild Medium Hot Sweet Dill Pickles

Do you like to eat breads or rolls w/your entrees? Yes No

If so, what are your favorites? Brand of Particular Butter _____

How would you prefer your entrees packaged for refrigeration or freezer?

Individual For Two Family Style Would you prefer disposable containers
Reusable Containers

Which appliance are you going to use to heat your food? Regular Oven Microwave Oven

List any favorite recipes that you no longer choose to prepare yourself that I can prepare for you:

Please note any security arrangements necessary for me to be able to enter your home:

Emergency numbers and contacts:

List any other comments or concerns:
