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| --- | --- |
| **732●775●FOOD**  chefjohn@foodinis.com | Client Assessment FormPlease fill out the form as best as you can. The information you provide will be used to create your customized meals. Once this form is completed we can reserve your cook date and create your first menu. Each entree is a GENEROUS two, four or six portions and will be packaged according to your preference (single or double portions) and labeled with handling and heating instructions. As your Personal Chef my goal is for you to enjoy every meal that is prepared for you. Please do not hesitate to choose a menu item that has one or two ingredients that you do not enjoy, because I can tailor my cooking to your individual preference. I’ll be sure to keep a record of the menu items that you have chosen, and your comments on them, so that you can request an item that I’ve already prepared for you and I’ll know exactly how you liked it! Satisfying your palate is my goal! **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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

Address:

City/State/Zip: \_\_\_\_\_\_\_ \_\_\_\_\_\_

State:

Zip:

E-Mail: \_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our service? \_\_\_\_\_\_

**Special Requirements for your meals:**

Low Fat  Paleo  Organic  No Salt

Low Carb  Vegetarian  Free Range  No Dairy

Low Salt  Vegan  No Alcohol  Other

*Comments*:

**Special medical concerns:**

Diabetic  High Cholesterol  High Blood Pressure  Lactose Intolerant

Celiac  Food Allergy  Cardiac Condition  Other

*Comments*:

**Food Sensitivities/Dislikes:**

Garlic  Onions  Peppers  Mushrooms  Nuts  Shell Fish  Other

Are there any other foods or flavors you dislike? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Global Cuisines you enjoy:**

Mexican  Asian  Spanish/Mediterranean  Italian  French  Greek  German  Indian

*Other Specific Cuisines*:

**How would you like your food to be spiced (when spice is an ingredient ie: Enchiladas):**

Bland  Mild  Medium  Hot

**On average, how many times per week do you eat the following foods?**

*Never 1-2 times 3-4 times 5 or more times*

Beef

Pork

Chicken

Turkey

Seafood

Pasta

Lamb

Veal

Vegetarian

Dine out

Take out

**What cuts/species of the following meats/fish/seafood do you enjoy?**

Beef  Ground  Steaks  Roast  Ribs  Tenderloin/Fillet

*Comments*:

Pork  Ground  Chops  Roast  Ribs  Tenderloin/Fillet

*Comments*:

Chicken  Dark  White  Both  Skin  No Skin  Ground

*Comments*:

Turkey  Dark  White  Both  Skin  No Skin  Ground

*Comments*:

Lamb  Ground  Chops  Leg  Rack  Shoulder

*Comments*:

Veal  Ground  Chops  Scaloppini  Shank (osso Bucco)

*Comments*:

Fish/Shellfish

Lobster  Crab  Shrimp  Scallops  Snapper  Tuna  Clams  Mussels  Halibut  Swordfish

Salmon  Trout  Tilapia  Monkfish  Grouper  Catfish  Skate  Bass  Porgy  Turbot  Branzino  Scrod  Cod  Squid

*Comments*:

Vegetarian

Beans  Nuts  Grains  Bulgur  Seitan  Tofu  Meat & Cheese replacements (ie: Tofurkey)

*Comments*:

Would you like portion control?

Yes  No *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like your entrees to be packaged?

Individual Servings (entrée & side together)

Two Servings per Container (2 entrées in a container and 2 side dishes in a separate container)

*Comments*:

List any favorite recipes that you have that you would like me to prepare for you:

Any other comments or concerns:

How did you hear about Foodini's Personal Chef Service?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to fill out this assessment form. I look forward to preparing delicious, healthful meals for you for many months to come!

**Chef John Deatcher**

(732) 775-FOOD (3663)

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[www.foodinis.com](http://www.foodinis.com)

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