

My-Chef.org Meals by Chef James
Client Assessment Form
for online submission only
when completed please remit to **chef.james@my-chef.org**

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you have any children living at home? Yes ___ No ___ Ages: _____

Names: _____

Pets? Dogs: Yes ___ No ___ Indoor? ___ Outdoor? ___ Names: _____

Cats: Yes ___ No ___ Indoor? ___ Outdoor? ___ Names: _____

Does any family member have food allergies? Seafood ___ Gluten ___ Peanuts ___

Other food allergies: _____

Which family member? _____

Is any family member Lactose Intolerant? Yes ___ No ___ Who: _____

Are there any dietary restrictions? Diabetic ___ Cardiac Condition ___ High Blood Pressure ___
Light Salt ___ No Salt ___ Low Fat ___ No Fat ___ Low Carbohydrates ___ Other: _____

Are you on a weight loss program? Weight Watchers ___ South Beach ___ Atkins ___

Low Carbohydrates ___ Other: _____

Do you require portion control for your meals? _____

Are you sensitive to any of the following? Garlic ___ Onions ___ Mushrooms ___

Bell Peppers ___ Tomatoes ___ Other Sensitivities: _____

You're Spicy Food Scale: Bland ___ Mild ___ Medium ___ Hot ___ Extremely Hot ___

May we cook with Wine and/or Liquors? Yes ___ No ___

What Fruits and Vegetables do you dislike?

What Fruits and Vegetables do you like?

What restaurants do you regularly frequent?

What Cuisines do you enjoy? Mexican ___ Italian ___ French ___ Thai ___

Chinese ___ Other: _____

How many times per week do you eat the following?

Beef ___ Pork ___ Chicken ___ Turkey ___ Fish/Seafood ___

When you eat Poultry do you prefer? Dark Meat ___ White Meat ___ Both ___

Fish/Seafood Favorites:

Overall Favorite

Dishes: _____

Do you have any favorite family recipes that you would like prepared for you?

Do you eat Soups as a main dish? Yes ___ No ___ Salads? Yes ___ No ___

Do you eat Tossed Salads with entrées? Yes ___ No ___

Favorite Salad Greens: _____

Do you like Cherry Tomatoes? Yes ___ No ___

Do you eat Pasta as an entrée? Yes ___ No ___

Ravioli ___ Tortellini ___ Pasta with: Marinara Sauce ___ Pesto Sauce ___

Meat Sauce ___ Alfredo Sauce ___

Do you eat Vegetarian/Vegan entrées? Yes ___ No ___

Dried Products: Grains ___ Beans ___ Bulgur ___ Nuts ___

Do you eat Cheeses? Yes ___ No ___

Real Cheese ___ Low Fat Cheese ___ Non Fat Cheese ___

Favorite Cheeses: _____

Do you like homemade breads? Yes ___ No ___ Favorites:

Do you like Baked Goods? Cookies ___ Brownies ___ Pies ___ Cakes ___

Favorites: _____

How would you like your Entrees packaged? Individual ___ For Two ___

Family Style ___

Which appliance are you going to use to heat your meals? Oven ___ Microwave ___

Does your oven maintain an accurate temperature? Yes ___ No ___

What kind of Freezer space is available to store your entrees?

Attached to Refrigerator ___ Stand Alone ___

Where is your Fuse/Breaker Box located? _____

Do you have a security system that requires a pass code to enter your home? Yes ___ No ___