

# Client Assessment Form

Personal Chef Joan Wilkins  
Modesto, CA 95350  
Cell/Text 209-918-0947 joan@kitchen-charm.com



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

Names of Adults: \_\_\_\_\_

Address: \_\_\_\_\_

Best way to contact you: Cell Phone 1: \_\_\_\_\_ cell phone 2 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Ages of children living at home? Boys: \_\_\_\_\_ Girls \_\_\_\_\_

Names: \_\_\_\_\_

Does any family member have food allergies? Seafood/Shellfish \_\_\_ 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 or another family member on a weight loss program? Weight Watchers \_\_\_ South Beach \_\_\_ Atkins \_\_\_

Low Carbohydrates \_\_\_ Other: \_\_\_\_\_

Do you require portion control for your meals? Yes \_\_\_ No \_\_\_

Is Family style service OK? Yes \_\_\_ No \_\_\_

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

Bell Peppers \_\_\_ Tomatoes \_\_\_ Other Sensitivities: \_\_\_\_\_

Your Spicy Food Scale: Bland \_\_\_ Mild \_\_\_ Medium \_\_\_ Hot \_\_\_ Extremely Hot \_\_\_

May I cook with Wine and/or Liquors? Yes \_\_\_ No \_\_\_

What Fruits and Vegetables do you dislike or prefer not to eat?

\_\_\_\_\_

What Fruits and Vegetables do you like?

\_\_\_\_\_

What types or names of restaurants do you regularly frequent or enjoy? \_\_\_\_\_

What Cuisines do you enjoy? Mexican \_\_\_ Italian \_\_\_ French \_\_\_ Thai \_\_\_ Chinese \_\_\_ BBQ \_\_\_

'Comfort Food' \_\_\_\_\_ 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 or dishes that you would like prepared for you?

\_\_\_\_\_

\_\_\_\_\_

Do you eat Soups or Stews as a main dish? Yes \_\_\_\_ No \_\_\_\_ Salads? Yes \_\_\_\_ No \_\_\_\_

Do you eat Tossed Salads with entrées? Yes \_\_\_\_ No \_\_\_\_

Favorite Salad Greens: \_\_\_\_\_

Do you enjoy salads as a main meal? Example: Taco Salad, Caesar Salad 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? (Meatless main dish) 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: \_\_\_\_\_

Is dessert a normal serving after a meal? Yes \_\_\_\_ No \_\_\_\_

Do you like Baked Goods? Cookies \_\_\_\_ Brownies \_\_\_\_ Pies \_\_\_\_ Cakes \_\_\_\_

Favorites: \_\_\_\_\_

Does your family enjoy leftovers? Yes \_\_\_\_ No \_\_\_\_ (Extra portions can be made for later meals)

If so, How would you like your Entrees packaged? Ready to reheat and eat? Yes \_\_\_\_ No \_\_\_\_

Packaged for freezer storage? Yes \_\_\_\_ No \_\_\_\_

Any other comments or questions? \_\_\_\_\_

\_\_\_\_\_