

## Client Assessment Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Are you sensitive to any of the following?

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

List any other sensitivity \_\_\_\_\_

Are you Lactose Intolerant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Preferred Milk: Fat Free \_\_\_\_\_ 1% \_\_\_\_\_ 2% \_\_\_\_\_ Regular Whole \_\_\_\_\_

Are you Allergic to anything? No \_\_\_\_\_ Yes To: \_\_\_\_\_

Are there any Fruits or Vegetables that you particularly like or Dislike?

Like \_\_\_\_\_

Dislike \_\_\_\_\_

Do you Enjoy Soups?: Hot \_\_\_\_\_ Cold \_\_\_\_\_

Do you Enjoy Salads?: Hot \_\_\_\_\_ Cold \_\_\_\_\_

Do you like to eat Tossed Salads with Entrees? Yes \_\_\_\_\_ No \_\_\_\_\_

Favorite Greens? \_\_\_\_\_

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 \_\_\_\_\_

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

Tomato Based Sauce \_\_\_\_\_ or White Cream Sauce \_\_\_\_\_

**Susanne's Personal Chef Services**  
**Susanne Cleckler**  
**(813) 831-3416**  
**ChefSusanne@TampaBayPersonalChef.com**

**Susanne's Personal Chef Services**

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\_\_\_

Grains\_\_\_\_\_ Beans \_\_\_\_\_ Bulgur \_\_\_\_\_ Nuts\_\_\_\_\_

Cheeses\_\_\_ Low Fat\_\_\_ Non-Fat

Are there any other Flavors or Foods you just plain Dislike? No\_\_\_ Yes\_\_\_\_\_

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

Any Medical Conditions or Situations? Yes\_\_\_ No\_\_\_

\_\_\_ Diabetic \_\_\_ Cardiac Condition \_\_\_ High Blood Pressure

\_\_\_ High Cholesterol \_\_\_ Light Salt \_\_\_ No Salt

\_\_\_ Low Fat \_\_\_ No Fat \_\_\_ Hypoglycemia

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 \_\_\_\_\_ or Dill\_\_\_\_\_ Pickles

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Do you like to eat Breads or Rolls w/your Entrees?      Yes\_\_\_\_\_ No\_\_\_\_\_

If so, what are your favorites?\_\_\_\_\_

Brand of Particular Butter \_\_\_\_\_ or Margarine\_\_\_\_\_

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\_\_\_\_\_

Would you like Meals Prepared for you to Cook on your BBQ?\_ Yes\_\_\_\_\_ No\_\_\_\_\_

List any Favorite Recipes that you no longer choose to prepare yourself that I can prepare for you:

\_\_\_\_\_

Stove:      Gas\_\_\_\_\_      Electric\_\_\_\_\_

All Burners (Eyes) Functioning?    Yes\_\_\_\_\_    No\_\_\_\_\_

Oven Functioning & Accurate?    Yes\_\_\_\_\_    No\_\_\_\_\_

May I see your Freezer?      Yes\_\_\_\_\_    No\_\_\_\_\_

Do you have an Additional Freezer? Yes\_\_\_\_\_No\_\_\_\_\_

Where is your Fuse/Breaker Box?\_\_\_\_\_

Do you have Children at home?    Yes\_\_\_\_\_    No\_\_\_\_\_

Name(s)/Age(s)\_\_\_\_\_

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

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

Friendly?    Yes\_\_\_\_\_    No\_\_\_\_\_

Indoor\_\_\_\_\_    Outdoor\_\_\_\_\_    In & Out\_\_\_\_\_

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

Emergency Nos.: Office \_\_\_\_\_

Car Phone/Pager \_\_\_\_\_

List any other Comments or Concerns: \_\_\_\_\_