



# Relish the Convenience

(602) 275-8846  
or (602) 448-5225

In order to create a custom menu and meal plan, Chef Kathleen will need to know a little bit about your dietary needs and preferences. Please complete the following form before your first initial visit. By completing this assessment, you'll be sure to receive the foods you love!

## PERSONAL INFORMATION

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How Many People In The Household? \_\_\_\_\_ Start Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do You Have Any Children? Yes  No

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

Do You Have Any Pets? Yes  No  Friendly? Yes  No

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

Indoor  Outdoor  Both  Special Instructions: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOOD PREFERENCES

Do you enjoy Soups or Salads as a Main Dish? Yes  No  Hot  Cold

Do you enjoy Pastas as Entrées? Yes  No  Hot  Cold

How many times per month do you enjoy the following?

Beef \_\_\_\_\_ Pork \_\_\_\_\_ Turkey \_\_\_\_\_ Chicken \_\_\_\_\_ Dark  White  Both

Fish/Seafood \_\_\_\_\_  
(List any favorites so I may select the freshest catch of the day from your list of preferences)

Do you enjoy Vegetarian/Vegan Entrées? Yes  No

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

Cheeses \_\_\_\_\_ Real Cheese \_\_\_\_\_ Low Fat \_\_\_\_\_ Non-Fat \_\_\_\_\_

Do you enjoy Breads or Rolls with your Entrées? Yes  No

If Yes, please list your favorites: \_\_\_\_\_

Do you enjoy Tossed Salads with your Entrées? Yes  No

If Yes, please list your favorite greens: \_\_\_\_\_

Do you enjoy Cherry Tomatoes? Yes  No

Are there any Fruits of Vegetables that you Dislike? Yes  No

Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_

Please list any other foods/flavors you just plain Dislike:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If Yes, please list your favorites: \_\_\_\_\_

How do you like your Portions Chopped? Large  Small

**FOOD PREFERENCES (CONTINUED)**

Spicy Food Scale: Bland  Mild  Medium  Hot  Very Hot  Painful

What Global Cuisines do you enjoy?

Mexican  Italian  Oriental  Thai  French  Other

Please list your favorites: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITIONS OR SITUATIONS**

Do you have any of the following medical conditions or situations? Yes  No

Diabetic  Cardiac Condition  High Blood Pressure  High Cholesterol

Light Salt  No Salt

Low Fat  No Fat

Are you trying to Lose Weight? Yes  No

Would you like Portion Control? Yes  No

Are you Lactose Intolerant? Yes  No

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

List any other sensitivity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE COMPREHENSIVE  
ALLERGY ASSESSMENT FORM  
ON THE LAST PAGE**

MEAL PACKAGING AND PREPARATION

How would you prefer your Entrées Packaged? Individual  For Two  Family Style

Would you prefer to use disposable or reusable containers? Disposable  Reusable

Which appliance will you use to heat your food? Microwave  Oven

Would you like meals prepared for you to cook on your BBQ? Yes  No

Please check all of the appliances you have: Microwave  Stove

Is your Stove Gas or Electric? Gas  Electric

All Burners Functioning? Yes  No

Oven Functioning and Accurate? Yes  No

May I see your freezer? Yes  No  Do you have an additional freezer? Yes  No

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

If you have a Fire Extinguisher, where is it? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPREHENSIVE ALLERGY ASSESSMENT FORM**

Please check any items with you believe that you are allergic, sensitive, or those tastes and textures you DO NOT care for.

<b>Vegetables</b>	<b>Vegetables (cont'd)</b>	<b>Herbs (cont'd)</b>	<b>Nuts (cont'd)</b>
Amaranth, Chinese	Kohlrabi	Basil	Walnuts
Anise	Leek	Borage	
Artichoke	Lettuce	Caraway	<b>Seeds</b>
Asparagus	Mushroom	Chervil	Pumpkin
Adzuka	Okra	Cilantro	Sesame
Beans, Green	Okra, Chinese	Cinnamon	Sunflower
Beans, Chinese (Yard-long)	(Dishcloth gourd Luffa)	Cloves	
Fava Beans	Olives	Coriander	<b>Fruits</b>
Beet	Onion	Cumin	Apple
Black-eye Pea	Parsnip	Curry	Apricot
Bok Choy	Pea	Fennel	Banana
Borage	Pepper (Red/Green)	Ginger	Berries
Broccoli	Potato	Marjoram	Bilberry
Brussels Sprouts	Pumpkin	Mint	Blackberry
Cabbage	Radish	Mustard	Blueberry
Cabbage, Chinese	Radish, Chinese	Oregano	Boysenberry
Carrot	(Daikon)	Paprika	Cantaloupe
Cauliflower	Rhubarb	Parsley	Cherry
Celeriac	Rutabaga	Pepper, Red	Currants
Celery	Sesame	Pepper, Black	Fig
Chayote	Shallots	Pepper, White	Grapes
Chicory	Snow Peas	Garlic	Juniper Berries
Chinese Mustard (Bok Choy)	(Edible-Pod Sugar Snap)	Rosemary	Melon
Collard	Soybean, Edible	Sage	Nectarines
Corn	Spinach	Savory	Gooseberry
Cucumber	Squash	Sesame	Kiwi Fruit
Dandelion	Squash, Spaghetti	Tarragon	Peaches
Eggplant	Squash, Summer	Thyme	Pear
Endive	Sweet Potato	Vanilla	Pineapple
English Pea	Swiss Chard		Plum
Fennel	Taro	<b>Nuts</b>	Pluot
Garlic	Tomatillo	Almonds	Plumquot
Ginger	Tomato	Brazils	Quince
Globe Artichoke	Turnip	Cashews	Raspberry
Gourds	Watercress	Chestnuts	Strawberry
Horseradish	Zucchini	Coconuts	Watermelon
Japanese Eggplant		Hazels	
Jerusalem Artichoke	<b>Herbs &amp; Seasonings</b>	Macadamia Nuts	<b>Other</b>
Jicama	Allspice	Peanuts	Chocolate
Kale	Anise	Pecans	Food Coloring
		Pine Nuts	Iodine
		Pistachios	Shellfish