

Saving You Thyme

A Personal Chef Service

Client Assessment Form

Name:	Date:
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Address:

Home Phone: () -	Work Phone: () -
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Cell Phone: () -	Fax Number: () -
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Email Address:

Do you have a family? Yes No

Spouse/S. O.: Name:	Age: []	DOB: / /
Adult Dependand: Name:	Age: []	DOB: / /
Adult Dependand: Name:	Age: []	DOB: / /
Child: Name:	Age: []	DOB: / /
Child: Name:	Age: []	DOB: / /
Child: Name:	Age: []	DOB: / /
Child: Name:	Age: []	DOB: / /
Child: Name:	Age: []	DOB: / /

Do you have any "other" special celebration dates: (e.g. anniversary, holiday dates)

Do you have any pets? Yes No

Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	<input type="checkbox"/> Friendly
Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	<input type="checkbox"/> Friendly

Do you have any special arrangements in order for me to enter your home? (e.g. Alarm, Keys)

Does any member in the household have any Medical Conditions that I need to know about? Yes No

Diabetic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low / No Sodium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low / No Fat	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trying to Lose Weight	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Diets	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list them here:	

What kind of Service are you looking for?

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Weekly	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Every Two Weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Monthly	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Which day of the week?	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri
Start Time?	<input type="checkbox"/> 9AM	<input type="checkbox"/> 1PM	<input type="checkbox"/> Other :		
How would you like your meals packaged? <input type="checkbox"/> Individual <input type="checkbox"/> For Two <input type="checkbox"/> Family Style					
What kind of storage containers to you own? <input type="checkbox"/> Pyrex <input type="checkbox"/> Tupperware <input type="checkbox"/> Rubbermaid <input type="checkbox"/> Gladware <input type="checkbox"/> Ziploc <input type="checkbox"/> Other:					
Do you have a Microwave?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your Stove Gas or Electric?			<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
Do you prefer to heat your meals in the Microwave or Oven?			<input type="checkbox"/> Microwave	<input type="checkbox"/> Oven	
Do you have an extra Refrigerator or Freezer?			<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Freezer	
Are there any special appliances or area in your kitchen that I have should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below:					
How much menu planning help would you like? <input type="checkbox"/> A Lot <input type="checkbox"/> Some <input type="checkbox"/> A Little					
Do you have any family favorites that I can prepare for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list :					
Can I use alcohol (wine, beer, spirits) when I prepare your meals? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is your or your family's favorite meal?					
Do you have a favorite cookbook?					
What are your or your family's favorite cuisines? (check all that apply) <input type="checkbox"/> American <input type="checkbox"/> Italian <input type="checkbox"/> Mexican <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Mediterranean <input type="checkbox"/> African <input type="checkbox"/> German <input type="checkbox"/> Indian <input type="checkbox"/> Californian <input type="checkbox"/> Southern <input type="checkbox"/> Southwestern <input type="checkbox"/> Cajun <input type="checkbox"/> Caribbean <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other:					
Are you or your family? <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Special Diet :					
How spicy do you like your food? <input type="checkbox"/> Painfully Hot <input type="checkbox"/> Very Hot <input type="checkbox"/> Hot <input type="checkbox"/> Medium <input type="checkbox"/> Mild <input type="checkbox"/> Bland					
What is your or your family's comfort food?					
Do you have a grocery store that you would like me to shop at? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? <input type="checkbox"/> Lunardi's <input type="checkbox"/> Costentino's <input type="checkbox"/> Albertson <input type="checkbox"/> Safeway <input type="checkbox"/> SaveMart <input type="checkbox"/> Trader Joe's <input type="checkbox"/> Other:					
Do you want me you purchase Organic Foods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply <input type="checkbox"/> Meats <input type="checkbox"/> Fresh Vegetables <input type="checkbox"/> Frozen Vegetables					
Do you or your family like to eat fresh tossed green salads with your entrees? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What kind of lettuce do you prefer? (Check any that apply) <input type="checkbox"/> Iceberg <input type="checkbox"/> Romaine <input type="checkbox"/> Butter <input type="checkbox"/> Red Leaf <input type="checkbox"/> Green Leaf <input type="checkbox"/> Spring Mixed Greens <input type="checkbox"/> Spinach <input type="checkbox"/> Arugula <input type="checkbox"/> Other:					
What kinds of dressings do you or your family prefer? (Check any that apply) <input type="checkbox"/> Ranch <input type="checkbox"/> Blue Cheese <input type="checkbox"/> Thousand Islands <input type="checkbox"/> Vinaigrettes <input type="checkbox"/> Balsamic <input type="checkbox"/> Poppy Seed <input type="checkbox"/> Honey Mustard <input type="checkbox"/> Other:					

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What methods of cooking do you prefer? (Check any that apply) Grilled Stir Fry Boiled
 Steamed Braised Roasted Fried Pan Fried BBQ Grilled Other:

Would you like me to prepare meals that you can finish when you get home? (e.g. Stir Fry, BBQ)
 Yes No

What type of starch side dishes do you or your family prefer? Rice Beans Grains
 Pasta Bread Potato Fruit Vegetables Other: Yes to all

What do you or your family like to eat your vegetables? Soft Firm (Aldente)
 Crunchy Raw Blanched

What kinds of meat do you or your family prefer?

Beef Veal Lamb Chicken Pork Turkey Game Bird Other:

What is your or your family's poultry preference? White Meat Only Dark Meat Only
 Both Skin Off Skin On Boneless Drumstick Thighs Wings Other:

Do you or your family like to eat seafood? Yes No

Fresh Fish: (Check any that apply) I do not like fish
 Salmon Trout Halibut Tuna Ling Cod Snapper Grouper Mahi Mahi Other

Shellfish: (Check any that apply) I do not like shellfish
 Shrimp Dungeness Crab Oysters Mussels Clams Scallops
 Calamari Other:

Which rice and grains do you or your family prefer? (Check any that apply)

White Rice Brown Rice Bulagar Wheat Barley Couscous Quinoa Israeli Couscous Other:

Which beans and legumes do you or your family prefer? (Check any that apply)

Black White Navy Red Split Peas Pinto Garbanzo Soy
 Other:

Which nuts and dried fruit do you or your family prefer? (Check any that apply)

Almonds Walnuts Peanuts Pine Nuts Cashew Pecans Other:
 Raisins Cranberries Apricots Apples Pears Other:

What type of cheese do you or your family prefer? (Check any that apply)

Whole Milk Low Fat Non Fat Soy Soft Hard No Cheese

What varieties of cheeses do you or your family like? (Check any that apply)

American Jack Cheddar Blue Feta (Goat) Asiago Parmesan
 Other:

What vegetables do you or your family like to eat? (Check any that apply)

Broccoli Green Beans Carrots Green Peas Corn Zucchini Mushrooms
 Eggplant Spinach Squash Chayote Chard Beets
 Red Bell Peppers Celery Onions Garlic Cabbage Other:

Do you or your family like egg dishes? Yes No

If yes, please check any that apply Quiche Frittata Other:

Are you or your family sensitive to Garlic Onions Bell Peppers Mushrooms None

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Other:

Are there any other food textures, spices, herbs, flavors, fruits or vegetables that you or your family just does not like?

Please tell me anything else that you might feel is important or you feel that I should know about it?

Thank you for taking the time and effort to fill this form out. I will help me develop your custom menus. I am looking forward to our first cook date.

Sincerely,
Chef Anne-Marie