



Client Assessment

Here is your opportunity to let us know what you prefer in your customized menu. Please check preferences and add comments.

1. Beef – steak/roasts/ground round_____
2. Pork – roasts/chops/ground/ribs/bacon_____
3. Veal – scallops/stew/chops/ground_____
4. Lamb – chops/stew/ground_____
5. Chicken – breasts/thighs/ground_____
6. Turkey – breasts/smoked/scalloped/ground_____
7. Fish_____
8. Shell Fish – shrimp/scallops/lobster/oysters/mussels_____
9. Meatless Meals (vegetarian)_____
10. Soy products – tofu: soft/firm/medium_____
11. Soups – main dish/side dish/cold/hot_____
12. Salads – main dish/side dish_____
13. Side Salads – rice/pasta/fruit_____
14. Pasta – entrée/hot/cold_____
15. Beans and Grains – quinoa/bulgur/barley_____
16. Nuts – walnuts/cashews/almonds/hazelnuts/peanuts_____
17. Cheese _____
18. Quiche_____

19. Comfort Food – meatloaf/spaghetti & meatballs/Macaroni & cheese_____

20. International cuisine – Mexican/Italian/Asian/Indian/Middle Eastern/French/
Jewish/_____

21. List any vegetables or fruits you don't ever want to see:_____

22. List any other food dislikes_____

23. List any known food allergies _____

24. List any health/food requirements i.e.heart/gout/cancer/diabetes_____

25. Rate your preference for spicy foods – bland/mild/moderate/spicy/very spicy

26. Bread preferences_____

27. Do you have any favorite recipes that I can prepare for you?_____

28. Do you have a barbecue and want meals prepared for cooking on it?_____

29. Do you have a wok and want meals prepared for cooking in it? _____

30. Do you have any health concerns: low salt/low cholesterol/how fat? _____

31. Additional Comments

