# CLIENT INTERVIEW – FOOD PREFERENCES

This is your opportunity to communicate your food preferences in support of your total enjoyment of Sincerely Yours (SY) Personal Chef Services.

Please complete the form and send to angela@sypersonalchef.com prior to your initial consultation.

**Do you enjoy these as a main entree?**

| SOUPS | SALADS | PASTAS | CASSEROLES |
|---|---|---|---|
| ☐ yes  ☐ no | ☐ yes  ☐ no | ☐ yes  ☐ no | ☐ yes  ☐ no |

**Your dislikes**
Select the items you <u>do not like</u> and <u>do not want</u> to eat

| CUISINE | MEAT | POULTRY | FISH/SEAFOOD | VEGETARIAN: SEEDS, GRAINS, NUTS, OTHER | |
|---|---|---|---|---|---|
| ☐ chinese | ☐ beef | ☐ chicken | ☐ cod | ☐ almond | ☐ pasta |
| ☐ french | ☐ burger | ☐ dark | ☐ halibut | ☐ beans | ☐ peanuts |
| ☐ german | ☐ meatloaf | ☐ light | ☐ mahi-mahi | ☐ brown rice | ☐ peas |
| ☐ italian | ☐ ribs | ☐ breast | ☐ salmon | ☐ cashew | ☐ pecans |
| ☐ japanese | ☐ roast | ☐ drumstick | ☐ tuna | ☐ chestnut | ☐ quinoa |
| ☐ mexican | ☐ steak | ☐ thighs | | ☐ chickpeas | ☐ sesame |
| ☐ thai | ☐ stew | ☐ duck | | ☐ coconut | ☐ soybeans |
| | ☐ lamb | ☐ game hen | | ☐ grains | ☐ sunflower |
| | ☐ pork | ☐ turkey | | | ☐ white rice |
| | ☐ bacon | | | | ☐ lentils |
| | ☐ chops | | | | |
| | ☐ ham | | | | |
| | ☐ ribs | | | | |
| | ☐ roasts | | | | |
| | ☐ sausage | | | | |
| | ☐ veal | | | | |
| | ☐ chops | | | | |
| | ☐ leg | | | | |
| | ☐ shank | | | | |

**I want to try new foods and flavors:**   ☐ yes   ☐ no   ☐ maybe

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**Your dislikes**

Select the items you <u>do not like</u> and <u>do not want</u> to eat

| Vegetables | | | | Fruits | |
|---|---|---|---|---|---|
| ☐ amaranth | ☐ celery | ☐ jerus. artichoke | ☐ rhubarb | ☐ apple | ☐ nectarines |
| ☐ anise | ☐ chayote | ☐ jicama | ☐ rutabaga | ☐ apricot | ☐ gooseberry |
| ☐ artichoke | ☐ chicory | ☐ kale | ☐ shallots | ☐ banana | ☐ kiwi |
| ☐ asparagus | ☐ collard | ☐ kohlrabi | ☐ snow peas | ☐ berries | ☐ peach |
| ☐ beans, green | ☐ corn | ☐ leek | ☐ soybean, edible | ☐ bilbery | ☐ pear |
| ☐ beans, dry | ☐ cucumber | ☐ lettuce | ☐ spinach | ☐ blackberry | ☐ pineapple |
| ☐ beet | ☐ dandelion | ☐ mushroom | ☐ squash | ☐ blueberry | ☐ plum |
| ☐ black-eyed pea | ☐ eggplant | ☐ okra | ☐ squash, spaghetti | ☐ boysenberry | ☐ raspberry |
| ☐ bok choy | ☐ endive | ☐ olives | ☐ squash, summer | ☐ cherry | ☐ strawberry |
| ☐ borage | ☐ english pea | ☐ onion | ☐ sweet potato | ☐ cucumber | ☐ watermelon |
| ☐ broccoli | ☐ fennel | ☐ parsnip | ☐ swiss chard | ☐ currants | |
| ☐ brussels sprouts | ☐ garlic | ☐ pea | ☐ taro | ☐ fig | |
| ☐ cabbage | ☐ ginger | ☐ pepper (bell) | ☐ tomatillo | ☐ grapes | |
| ☐ cabbage, chinese | ☐ globe artichoke | ☐ potato | ☐ tomato | ☐ melon | |
| ☐ cantaloupe | ☐ gourds | ☐ pumpkin | ☐ turnip | | |
| ☐ carrot | ☐ horseradish | ☐ radish | ☐ watercress | | |
| ☐ cauliflower | ☐ japanese eggplant | ☐ radish, daikon | ☐ zucchini | | |

**How often do you enjoy:**

| Beef | Lamb | Pork | Poultry | Vegetarian |
|---|---|---|---|---|
| ☐ never | ☐ never | ☐ never | ☐ never | ☐ never |
| ☐ once a month or less | ☐ once a month or less | ☐ once a month or less | ☐ once a month or less | ☐ once a month or less |
| ☐ once a week or more | ☐ once a week or more | ☐ once a week or more | ☐ once a week or more | ☐ once a week or more |
| ☐ daily | ☐ daily | ☐ daily | ☐ daily | ☐ daily |
| ☐ every chance I get | ☐ every chance I get | ☐ every chance I get | ☐ every chance I get | ☐ every chance I get |
| ☐ I want more of it | ☐ I want more of it | ☐ I want more of it | ☐ I want more of it | ☐ I want more of it |
| ☐ I want less of it | ☐ I want less of it | ☐ I want less of it | ☐ I want less of it | ☐ I want less of it |

**Food-specific sensitivities:**

| Lactose Intolerant | Food Allergies | Other Food Sensitivities |
|---|---|---|
| ☐ yes   ☐ no | ☐ yes   ☐ no | ☐ yes   ☐ no |
| | Please list: | Please list: |
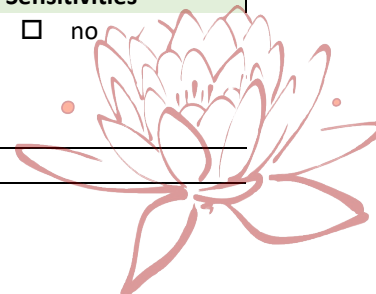
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**Diagnosed health issues:**

| Diabetes | High Blood Pressure | High Cholesterol |
|---|---|---|
| ☐ yes ☐ no | ☐ yes ☐ no | ☐ yes ☐ no |
| | ☐ low salt diet | ☐ low fat diet |
| | ☐ no salt diet | ☐ no fat diet |

| Heart Condition | | Other Health Concerns |
|---|---|---|
| ☐ yes ☐ no | | ☐ yes ☐ no |
| | | Please list: |
| ☐ I have no health issues | | _____ |
| | | _____ |

**Are you focused on:**

| Losing Weight | Gaining Weight | Portion Control | Specific Diet |
|---|---|---|---|
| ☐ yes ☐ no | ☐ yes ☐ no | ☐ yes ☐ no | Please list: |
| | | | _____ |
| ☐ my diet is unrestricted and I like it that way | | | _____ |

**How would you like your meals packaged?**

| Portion Size | Containers |
|---|---|
| ☐ for one | ☐ free disposable |
| ☐ for two | ☐ semi-disposable ($15 charge per visit) |
| ☐ family style | ☐ recyclable ($15 charge per visit) |
| | ☐ reusable (pyrex or corningware, $100 charge per visit) |

Thank you for completing this form!

At your initial consultation, you will have the opportunity to talk at length about your selections and information provided.

**At the prompt, select "User Webmail" and enter your email address.**