



Client Interview/Food Questionnaire

Name

First Name

Last Name

Your opportunity to let me know details about you and food, including your kitchen and how much you like/dislike spending any time on food preparation

Which do you enjoy as an entree? (Select all that apply)

Soups

Salads

Pasta

Casseroles

Meat Choices

Beef

Pork

Lamb

Veal

Poultry Choices

Chicken

Turkey

Game Hen

Seafood

Yes

No

Please list any food specific health concerns?

Diabetes

No

Yes

Heart Condition

No

Yes

High Blood Pressure

No

Yes

Other food sensitives. If so, please explain.

Do you have any health conditions that food choice / preparation can affect? If so , please explain.

Are you concerned about losing weight?

Yes

No

What is your preference?

Bland

Mild

Medium

Hot/Spicy

Portion control

Yes

No

Particular Diet

Yes

No

Are you okay with the use of alcohol for cooking? (red or white wine)

Yes

No

How would you like your meals packaged?

Individually

For two

Family Style

Containers

Semi-disposable

Reusable (pyrex or corningware (\$45 deposit required))

Anything else I should know?

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