



## Client Needs and Preferences

If each family member has the same dietary needs and preferences, please complete one form per household.

If the needs and preferences differ, please complete a separate form for each family member.

### *Contact and family information*

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

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

Address: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other adults in household (please indicate relationship): \_\_\_\_\_

\_\_\_\_\_

Children in household (please provide ages): \_\_\_\_\_

\_\_\_\_\_

### *Diet preferences*

- Low-fat       Diabetic/low sugar       High-protein       Low-carb

Low-sodium       Low-cholesterol       Lactose-intolerant

Vegetarian/vegan       Organic       Kosher

South Beach       Weight Watcher       Atkins       Zone

Other \_\_\_\_\_

Restrictions such as wine, liquors, or other alcohol:

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***Medical conditions***

None       Diabetic       Cardiac condition       High blood pressure       High cholesterol

Other \_\_\_\_\_

Sensitivities/allergies/intolerances: \_\_\_\_\_

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Do you work out?  Yes  No How often? \_\_\_\_\_

Are you trying to lose weight?  Yes  No

Are you working with a  nutritionist,  dietician,  doctor, or  personal trainer?

Do you have diet guidelines from a professional that need to be followed?  Yes  No

Would you like portion control?  Yes  No

***Current diet***

Sample lunch and dinner choices at home:

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Sample lunch and dinner choices in restaurants:

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Preferred time of day for lunch:\_\_\_\_\_ dinner:\_\_\_\_\_

How often do you eat out?\_\_\_\_\_

***Food/taste preferences***

How many times a month do you eat:

\_\_\_ Red meat    \_\_\_ Pork    \_\_\_ Lamb    \_\_\_ Turkey

\_\_\_ Chicken    \_\_\_ Fish    \_\_\_ Seafood

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

\_\_\_ Cheeses    \_\_\_ Real cheese    \_\_\_ Low-fat    \_\_\_ Non-fat

Please check your cuisine preferences:

French     Italian     Mexican     Chinese

Thai     Japanese     American     Middle-Eastern

Other \_\_\_\_\_

How spicy do you like your food?

Bland     Mild     Medium     Hot     Laser     Incredibly painful

Do you eat  sushi or  raw shellfish?

Do you eat sushi as a  main course or  appetizer?

Do you eat soup as a main dish?  Yes  No /  Hot  Cold

Do you eat salads as a main dish?  Yes  No /  Hot  Cold

Do you like to eat tossed salads with your entrees?  Yes  No

Do you like to eat pasta as an entree?  Yes  No /  Hot  Cold

Do you like tapas?  Yes  No

Do you like  vegetarian or  vegan entrees?

Do you like to eat bread or rolls with your entrees?  Yes  No

Would you like to have snack items ready in your fridge?  Yes  No

How do you like your steaks cooked? \_\_\_\_\_

***Favorite dishes***

Favorite fish \_\_\_\_\_

Any fish you do not eat \_\_\_\_\_

Favorite shellfish \_\_\_\_\_

Any shellfish you do not eat \_\_\_\_\_

Favorite meats \_\_\_\_\_

Any meats you do not eat \_\_\_\_\_

Favorite greens \_\_\_\_\_

Any greens you do not eat \_\_\_\_\_

Favorite fruits \_\_\_\_\_

Any fruits you do not eat \_\_\_\_\_

Favorite breads \_\_\_\_\_

Favorite salads \_\_\_\_\_

Favorite soups \_\_\_\_\_

Favorite entrées \_\_\_\_\_

Favorite side dishes \_\_\_\_\_

Favorite desserts \_\_\_\_\_

Favorite recipes \_\_\_\_\_

Favorite foods/flavors \_\_\_\_\_

Least favorite foods/flavors \_\_\_\_\_

***Cooking, packaging, freezing and heating***

How would you like your entrees packaged?

- For one person       For two people       Family-style

Do you prefer  disposable or  reusable containers?

***Your home***

Do you have a microwave?  Yes  No

Is your stove  gas or  electric?

Are all the stove burners working?  Yes  No

Is the oven functioning and accurate?  Yes  No

Will you heat your food in the  microwave or  oven?

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

May I see your freezer?  Yes  No

Do you have an additional freezer?  Yes  No If so, where? \_\_\_\_\_

Where is your fuse/breaker-box? \_\_\_\_\_

Do you have pets?  Yes  No    Friendly?  Yes  No

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

Indoor                       Outdoor                       In and out

Please describe any security arrangements necessary for me to enter your home:

\_\_\_\_\_

Additional information or concerns? \_\_\_\_\_

\_\_\_\_\_