



Name \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Food Preferences**

Describe typical meals or foods you eat at each meal (please include all food and drink and be as accurate as you can):

*Breakfast:*

*Snack:*

*Lunch:*

*Snack:*

*Dinner:*

*Dessert:*



Do you enjoy cooking? Why, or why not?

How many days of the week do you cook?

If you don't cook a lot what do you think is the biggest obstacle to cooking more?

Foods you love:

Foods you cannot or will not eat (include allergies or sensitivities):

How many days of the week do you shop?

Please check the one that most describes your groceries:

- Individual ingredients from fresh, frozen, dry or canned
- Pre-made mixes, sauces and dressings
- Pre-made meals packaged dry, refrigerated or frozen
- Whatever is on sale
- Only organic or local products
- Whatever that looks appealing in the store
- I don't shop, order in most of the time
- I don't do the shopping in my household



Current Dietary Program (if any):

Current Medical Conditions and Medications (including supplements):

### **Additional Family Information**

Other Members of Your Household:

Name	Age	Relationship	Food Restrictions	Favorite Foods

Who is the primary cook in your house?

Where does your family eat most meals? (at work, at the table, in front of the TV...)

Do you find eating to be enjoyable or stressful or neither?



## **Client Goals**

What are your health goals?

What are your cooking goals?

Do you consider yourself a beginner, intermediate, or advanced cook (circle one).

Which services are of interest to you and your family?

Chef Consultation (customized meal plan, pantry list and recipes)

Pantry Rehab

Personal Chef

Private Cooking Lessons

Pantry Makeover (with optional Market Tour)

Culinary Nutrition Workshop/Retreat