



Client Manager - Assessment

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Client Assessment Form				
Assessment date:				
No. of people in family:				
Children names and ages:				
Pets names:				
Are the pets indoor or outdoor?				
How did you hear about our service?				
How much time do you spend on the following (per week)?				
Menu/Meal Planning:				
Shopping:				
Cooking:				
Cleanup:				
Which types of cuisine do you enjoy?				
<input type="checkbox"/> BBQ	<input type="checkbox"/> Bistro	<input type="checkbox"/> Gourmet	<input type="checkbox"/> Greek	<input type="checkbox"/> French
<input type="checkbox"/> Seafood	<input type="checkbox"/> Home Cooking	<input type="checkbox"/> Indian	<input type="checkbox"/> Italian	<input type="checkbox"/> Thai
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean		
Please note if you have any of the following medical conditions.				
<input type="checkbox"/> Cardiac condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterolo	
Do you have any food or other allergies (please specify)?				
Do you have any other dietary requirements (low carb, low sugar, etc.)?				

Would you like strict portion control?

May I cook with alcohol (like wine)?

Do you like the following foods?

<input type="checkbox"/> Beef	<input type="checkbox"/> Pork	<input type="checkbox"/> Turkey	<input type="checkbox"/> Chicken
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<input type="checkbox"/> Fish	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Cream Sauce	<input type="checkbox"/> Meatless Entrees
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What are some of your favorite dishes, sauces or foods?

Any family recipes you would like me to prepare? (if yes, please specify)

Do you have the following items and are they in working order?

<input type="checkbox"/> Gas Oven	<input type="checkbox"/> Electric Oven	<input type="checkbox"/> Microwave Oven
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<input type="checkbox"/> Extra Refrigerator	<input type="checkbox"/> Extra Freezer	<input type="checkbox"/> Electric Mixer
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<input type="checkbox"/> Baking Sheets and Pans	<input type="checkbox"/> Skillets	<input type="checkbox"/> Chopping Board
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<input type="checkbox"/> Pressure Cooker	<input type="checkbox"/> Bread Machine	<input type="checkbox"/> Hand Blender
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<input type="checkbox"/> Crock Pot	<input type="checkbox"/> Range/Stove Top	<input type="checkbox"/> Blender
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<input type="checkbox"/> Food Processor	<input type="checkbox"/> Large Mixing Bowls	
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Where is your fuse/breaker box?

Where is your kitchen fan?

Brief description of kitchen layout
Please note any security arrangements for me to be able to enter your home (security code, doorman with key, etc.)
Where should I unload and park my car?
If you are unavailable, whom shall I contact? Number?
Notes