



## Initial Assessment Form

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

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

Phone number: \_\_\_\_\_

Emergency phone numbers:  
Office: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Email or fax: \_\_\_\_\_

Date assessment completed: \_\_\_\_\_

### I. Client Interview

- Do you have any medical conditions that need to be addressed?  
 Diabetes       High blood pressure       High cholesterol  
 Other (please list here): \_\_\_\_\_
- Do you have any special dietary requirements?  
 Low fat     Low salt     Low carbohydrate     Diabetic     Vegetarian  
 Other (please list here): \_\_\_\_\_
- Do you have any food allergies or intolerances?  
 Nuts     Eggs       Milk       Chocolate     Shell Fish     MSG  
 Other (please list here): \_\_\_\_\_
- Are there any flavorings/seasonings that you do not care for? \_\_\_\_\_
- What is your garlic level?  
 None       Light       Medium       High
- Some recipes may include alcohol. Is it okay for me to use it when cooking your meals?    Y    N
- Do you like nuts in main dishes, sides and salads?    Y    N

8. Any meats you **do not** want served?  
 Beef    Pork    Chicken    Turkey    Veal    Lamb  
 Other (please list here): \_\_\_\_\_
9. Any fish or shell fish you **do not** want served?
10. Any fruits you **do not** want served: \_\_\_\_\_
11. Any vegetables you **do not** want served: \_\_\_\_\_
12. Any other foods you **do not** want served: \_\_\_\_\_
13. From 1 to 5 (1 being never, 5 being all the time), please tell me which of the following you tend to eat most of:
- Meats: Beef \_\_\_\_\_ Veal \_\_\_\_\_ Lamb \_\_\_\_\_
- Poultry: Turkey \_\_\_\_\_ Chicken \_\_\_\_\_  white meat    dark meat    skin off    skin on
- Fish: \_\_\_\_\_  Mild    Strong   Fish preferences: \_\_\_\_\_
14. May I substitute fish in a recipe in order to offer the freshest selections on shopping day? Y N
15. When preparing beef dishes, how do you like yours cooked? \_\_\_\_\_
16. Do you like vegetarian entrées? Y N   Vegetarian soups? Y N
17. Do you like cheese? Y N  
**If yes**, what do you prefer?  Real    Lowfat    Nonfat
18. What international cuisines do you enjoy? \_\_\_\_\_
19. When preparing spicy foods, what do you prefer?  
 Bland/no spice    Mild    Medium    Hot    Very hot
20. Do you like to eat bread or rolls with your entrees? If so, what kinds  
 White    Rye    Wheat    Sourdough  
 Other (please list): \_\_\_\_\_
21. Do you like to eat salads with your meals? Y N  
**If yes**, what type of greens do you prefer? \_\_\_\_\_
22. Please indicate how you need your entrees packaged in your home:  
 Single    Double    Family (4 servings/package)

## II. Kitchen Interview

23. What type of oven(s) or stove(s) do you have in your home?  
 Gas     Electric     Microwave (please indicate wattage: \_\_\_\_\_ )     Convection oven
24. Are all burners/ovens fully functional?    Y    N
25. Do you have any of the following? (check all that you have)  
 Wok             Food sealer             Crock pot             Food processor             Hand blender
26. Would you prefer meals to be packaged for heating in  microwave or  oven? (please check one.)
27. Would you like meals prepared for you to cook on your grill?    Y    N
28. Would you like meals left in your crockpot for dinner on cooking day?    Y    N
- 29/ Would you like meals left in your fridge for dinner on cheffing day?    Y    N
30. Do you have any favorite recipes that you would like for me to cook?    Y    N  
(If yes, please provide recipes during first meeting.)
31. What freezer space do you have available for storage? \_\_\_\_\_
32. Where is your breaker box? \_\_\_\_\_

## III. Miscellaneous

33. Family members' names: \_\_\_\_\_
34. Children's ages: \_\_\_\_\_
35. Household birthdays: \_\_\_\_\_
36. Do you have pets?    Y    N  
**If yes:**  
Name(s): \_\_\_\_\_ Breed: \_\_\_\_\_  
Friendly?    Y    N  
Indoor or outdoor, or both? (Can they go outside?) \_\_\_\_\_  
Where will they be on cheffing day? \_\_\_\_\_
37. Please advise me of any security system and information (key? code?) necessary for me to gain access to your home. This need not be listed here but must be arranged before I can gain access.  
Do you plan to be home on the day I cook?
38. May I adjust your thermostat?    Y    N  
Where is it located? \_\_\_\_\_

39. I would like to thank personally the person who referred me to you. How did you hear about Artful Entrées? \_\_\_\_\_

40. Do you have anyone to refer?

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

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

41. Other comments/concerns: \_\_\_\_\_

42. Nearest grocery store: \_\_\_\_\_

43. Directions to home: \_\_\_\_\_

### Other Notes

First cooking date: \_\_\_\_\_ Frequency: \_\_\_\_\_

Where will you leave your containers for me? \_\_\_\_\_

First 5 selections:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Thank you for your business!**