

CLIENT ASSESSMENT FORM



Name _____ Home Phone _____
Address _____ Cell Phone _____
_____ Email/Other _____

Food Preferences

Meats: Yes No Notes
Beef _____
Pork _____
Poultry _____

Fish/Seafood:
1) _____ 2) _____ 3) _____

Vegetarian: Y N Notes:
Grains _____
Beans _____
Nuts _____
Cheese _____

Would you enjoy:
Soups/Salads as the main dish?
Pasta as the main dish?
Vegetables?
What do you like/dislike? _____

Food Sensitivities: Y N Notes:
Dairy/Lactose (circle) _____
Nuts _____
Seafood _____
Spices-Garlic, Onion etc. (list) _____

Other food Sensitivities/Allergies:

