



Chef Rose Bent

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Client Assessment Form

Personal Chef Service

Dear Client:

In order to serve your needs, please kindly provide me with the following information?

Name _____

Address _____

Phone: Daytime _____ Evening _____ Mobile _____

E-Mail _____

Children's Names and Ages (if living with you) _____

Other relatives living with you _____

Service Requested:

____ Weekly super fresh service

____ Standard Freezer Friendly Service

____ Entry only

____ Other _____

Number of Entrees _____ Numbers of Servings _____

Diet by Choice

____ Includes Red Meat (Beef, pork etc.)

____ Excludes Red Meat (Chicken, Fish and Vegetarian)

____ Mostly Vegetarian (Includes Fish)

____ Ova-Lacto Vegetarian (Includes Dairy and Eggs)

____ Vegan (No Dairy or Eggs whatsoever)

____ High Protein, Low Carb

____ Weight Loss

____ Other _____

Dr. Recommended Diet

____ Low/No Cholesterol, Low/no fat

____ Low/No Salt/Sodium

____ Weight Loss –Specifics _____

____ Other _____

Please specify any medical conditions where diet is a serious factor: Diabetes, heart healthy etc.

On a scale of 0 to 10, with 0 being absolutely none to 10 being no limit please indicate what you preferences are:

Heat/Spiciness: 0 to 3: mild, 4 to 6 medium amount of heat, 7 to 10 is quite hot: _____

Salt Level:

Garlic Level:

What describes your food style?

____ Meat & Potatoes (Comfort foods)

____ Gourmet (up scale and trendy)

____ Spicy and Adventurous (No limits)

____ Health Conscious (no special diet)

Favorite Foods:

Favorite fishes, in cases when what you ordered is unavailable, a replacement will be substituted.

What part of chicken to you prefer: Dark ___ White ___ Off the bone ___ other ___

Potato Preferences: White ___ Red ___ Skin on ___

Rice Preferences: White ___ Brown ___ A Blend of exotics ___

How well do you prefer your vegetables ___?

Beef Temperature ___ Favorite cut of Beef ___

May I use Alcohol or wine in cooking ___?

Is there anything else I should know about your food preferences?

Thank you, I look forward to serving your culinary needs!

Allergy and Taste Preferences

Please circle items you are allergic or have sensitivities to, or do not want to be included in your meals

VEGETABLES

Artichoke	Asparagus	Bamboo Shoots	Beets	Belgian Endive
Bok Choy	Broccoli	Broccoli Rabe	Brussels Sprouts	Cabbage
Carrot	Cauliflower	Celery	Chayote	Corn
Cucumber	Daikon	Eggplant	Fennel	Garlic
Ginger	Green Beans	Horseradish	Jicama	Kohirabi
Leek	Mushroom	Okra	Onion	Parsnip
Peas	Pea Pods	Peppers (hot)	Peppers (sweet)	Potato
Pumpkin	Radish	Rhubard	Rutabaga	Shallot
Squash (spaghetti)	Squash (winter)	Squash (summer)	Sweet Potato	Tomatillo
Tomato	Turnip	Water Chestnut	Zucchini	Other

GREENS

Arugula	Collard	Endive	Kale	Lettuce
Mustard	Radicchio	Spinach	Swiss Chard	Watercress

FRUIT

Avocado	Apple	Apricot	Banana	Blackberry
Blueberry	Cantaloupe	Cherry	Cranberry	Currants
Dates	Figs	Grapefruit	Grapes	Kiwi
Lemon	Lime	Mango	Orange	Papaya
Peach	Pear	Pineapple	Plum	Prunes
Raisins	Raspberry	Strawberry	Tangerine	Watermelon

HERBS AND SEASONINGS

Allspice	Anise	Basil	Cardamom	Caraway
Cilantro	Cinnamon	Cloves	Coriander	Cumin
Curry	Dill	Fennel	Fenugreek	Ginger
Marjoram	Mint		Mustard	Oregano
Paprika	Parsley	Pepper (Black)	Pepper (Cayenne)	Pepper (white)
Rosemary	Saffron	Sage	Savory	Sesame
Tarragon	Thyme	Vanilla		

NUTS AND SEEDS

Almond	Brazil	Cashew	Chestnut	Coconut
Hazel	Macadamia	Peanut	Pecan	Pine (pignoli)
Pistachio	Pumpkin	Sesame	Sunflower	

GRAINS AND LEGUMES

Barley	Beans (dried)	Black-eyed Peas	Bulgur	Couscous
Lentils	Peas (dried)	Quinoa	Soybeans	Wheat berries

CHEESE

Aged	Blue	Cottage	Feta	Goat
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Please specify if a cheese is not on the above list or if you have other sensitivities we should be aware of