

Savory Grace

Personal Chef Service "Naturally Organic"

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www.savorygrace.com

Clients Health Needs & Preferences

There is one form for each member of the family. If all members of the family have the same dietary health, preferences and needs, than only one form will be required per household.

Contact Information:

Date: _____

Name: _____ nick name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work: _____

Mobile: _____ Fax: _____

E-mail address: _____ website: _____

Other adults in the household, please indicate the relationship: _____

Children in the household, name and age:

1. _____ age: _____

2. _____ age: _____

3. _____ age: _____

4. _____ age: _____

5. _____ age: _____

Diet preferences:

Low fat Low carb High protein Diabetic/low sugar

Low sodium Vegan Lactose Intolerant Kosher

South Beach Weight Atkins Organic

Watchers

Other concerns that need to be addressed: _____

Alcohol restrictions for cooking? Wine sherry vodka Sake

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Medical conditions:

- None Diabetic Cardiac conditions High blood pressure
 High cholesterol

Other health issues not mentioned above: _____

Allergies: _____

Intolerances: _____

Sensitivities: _____

Commonly asked questions:

- ▶ Are you trying to lose weight? _____
- ▶ Are you working with a Nutritionist – dietician – doctor – personal trainer
- ▶ Do you have diet guidelines from a professional that needs to be followed? If so what are they: _____
- ▶ Would you like your portions controlled? If so what food type and to what degree _____

* How many times a month do you eat:

- ___ Red meat ___ Lamb ___ Turkey ___ Seafood ___ Chicken
___ Pork ___ Shrimp ___ Hamburger ___ Pasta ___ Nuts
___ Beans ___ Cheese ___ Non-fat ___ Low-fat ___ Grains

* Your favorite cuisine:

- ___ French ___ Italian ___ Chinese ___ Thai ___ Japanese ___ Greek
___ Middle Eastern ___ Mexican ___ American Other: _____

* How spicy do you like your food: ___ Mild ___ Medium ___ HOT!

* Do you eat sushi or raw fish: _____ hot/cold

* Do you eat salads daily? With fresh fruit, nuts, cheese, dressing? _____

* Do you eat soup hot/cold regularly? _____

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* *Would you like snacks prepared and placed in the refrigerator? If so what type? _____*

How often? _____

* *Do you like to have bread with your meals? If so, what type of breads/rolls? _____*

* *Do you like garlic, shallots, onion? If so, in everything? _____*

Favorite Foods you fancy":

Fish _____ fish to avoid: _____

Shellfish _____ to avoid: _____

Red meat _____ to avoid _____

Poultry _____ to avoid _____

Leafy greens _____ to avoid _____

Green Veg _____ to avoid _____

Fruits _____ to avoid _____

Bread _____ to avoid _____

Starch _____ to avoid _____

Nuts _____ to avoid _____

Soup _____ to avoid _____

Dessert _____ to avoid _____

Favorite dishes: _____

Least favorite dishes: _____

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Packaging of your entrees and sides:

How would you like your entrees and sides packaged?

- Family style* *for two people* *for one person*

Do you prefer disposable containers _____ *reusable containers* _____

Inside your home.

Do you have a microwave? _____ *Do you use* _____

Is your stove gas or electric? _____ *Indoor grill?* _____

Do all the components of the stove work? _____ *If not what should I know* _____

Do you prefer to reheat in the oven or microwave? _____

Would you like food marinated and frozen for the grill? _____

May I see inside your freezer? _____ *Is there more than one?* _____

Where is your fuse box located _____

Do you have pets? _____ *thier names:* _____

Please describe ANY security arrangements necessary for me to enter your home _____

Any addition information, concerns, issues that I should know? _____

Allergy Assessment Form

Please circle or check any items which you believe that you are allergic, sensitive or those tastes and textures you DO NOT care for. (List any other known allergies on reverse.)

Vegetables	Vegetables (Cont'd)	Herbs (Cont'd)	Nuts (Cont'd)
Amaranth,	Kale	Anise	Walnuts
Chinese	Kohlrabi	Basil	
Anise	Leek	Borage	Seeds
Artichoke	Lettuce	Caraway	Pumpkin
Asparagus	Mushroom	Chervil	Sesame
Adzuka	Okra	Cilantro	Sunflower
Beans, Green	Okra, Chinese	Cinnamon	
Beans, Chinese	(Dishcloth gourd	Cloves	Fruits
(Yard-long)	Luffa)	Coriander	Apple
Fava beans	Olives	Cumin	Apricot
Beet	Onion	Curry	Banana
Black-eyed Pea	Parsnip	Fennel	Berries
Bok Choy	Pea	Ginger	Bilberry
Borage	Pepper (Red/Green)	Marjoram	Blackberry
Broccoli	Potato	Mint	Blueberry
Brussels Sprouts	Pumpkin	Mustard	Boysenberry
Cabbage	Radish	Oregano	Cantaloupe
Cabbage, Chinese	Radish, Chinese	Paprika	Cherry
Carrot	(Daikon)	Parsley	Currants
Cauliflower	Rhubarb	Pepper, Red	Fig
Celeriac	Rutabaga	Pepper, Black	Grapes
Celery	Sesame	Pepper, White	Melon
Chayote	Shallots	Rosemary	Nectarines
Chicory	Snow Peas	Sage	Gooseberry
Chinese Mustard	(Edible-Pod	Savory	Kiwi Fruit
(Bok Choy)	Sugar Snap)	Sesame	Peaches
Collard	Soybean, Edible	Tarragon	Pear
Corn	Spinach	Thyme	Pineapple
Cucumber	Squash	Vanilla	Plum
Dandelion	Squash, Spaghetti		Pluot
Eggplant	Squash, Summer	Nuts	Plumquot
Endive	Sweet Potato	Almonds	Plumquot
English Pea	Swiss Chard	Brazils	Quince
Fennel	Taro	Cashews	Raspberry
Garlic	Tomatillo	Chestnuts	Strawberry
Ginger	Tomato	Coconuts	Watermelon
Globe Artichoke	Turnip	Hazels	
Gourds	Watercress	Macadamia Nuts	Other
Horseradish	Zucchini	Peanuts	Chocolate
Japanese Eggplant		Pecans	Food Coloring
Jerusalem Artichoke	Herb & Seasonings	Pine Nuts	Iodine
Jicama	Allspice	Pistachios	Shellfish

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Robin Lang DBA Savory Grace is not responsible for any information not listed on these sheets. All known health concerns and issues have been recorded and addressed with the client

Thank you for choosing Savory Grace for your Personal Chef Service

"It's a pleasure to serve you"

Bon Appetit

*Robin Lang
Proprietor & Chef
508.331.1179
www.savorygrace.com*