

# Client Preference Form

Please download & fill out the following form and let us know about your food preferences.

When you finish, please save the document and email to [aspiesfood@gmail.com](mailto:aspiesfood@gmail.com)

## Basic Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birthday: (month/day): \_\_\_\_/\_\_\_\_ Anniversary (month/day): \_\_\_\_/\_\_\_\_

How many people will be eating?

(Please fill out information on the last page if more than one) 1 2 3 4 5+

How often would you require our services? Weekly Bi-weekly Special Events Only

Do you have any pets? Yes No If yes, what breed(s)? \_\_\_\_\_

Are they: Indoor Outdoor Both Are they friendly? Yes No

## Nutritional Requirements

Are you following any special diet plan? No Yes:

Do you have any religious dietary requirements? No Yes

Halal/Islam Kosher/Jewish Vegetarian/Buddhist Other: \_\_\_\_\_

Do you, or any of your family have any of the following:

Lactose Intolerance Diabetes Celiac Disease High Blood Pressure None of the above

Other : \_\_\_\_\_

Are you, or any of your family allergic to anything? No Yes (Please list)

Cow's milk Eggs Peanuts Fish Shellfish

Wheat Soy Onions Leeks Tree nuts (cashews, walnuts, etc)

Other: \_\_\_\_\_

# Client Preference Form

## Food Preferences

What sort of menu would you prefer?

Comfort/regular      Low-fat      Low-calorie      All organic

Other: \_\_\_\_\_

How often per week do you enjoy the following meats?

<i>Beef:</i>	Never	Once a week	Twice a week	More than twice a week
<i>Pork:</i>	Never	Once a week	Twice a week	More than twice a week
<i>Veal:</i>	Never	Once a week	Twice a week	More than twice a week
<i>Lamb:</i>	Never	Once a week	Twice a week	More than twice a week
<i>Chicken:</i>	Never	Once a week	Twice a week	More than twice a week
<i>Turkey:</i>	Never	Once a week	Twice a week	More than twice a week
<i>Duck:</i>	Never	Once a week	Twice a week	More than twice a week

Do you enjoy light or dark meat with regards to chicken or turkey?

Light meat      Dark Meat      Both

How many times per week do you enjoy seafood?

Never      Once a week      Twice a week      More than twice a week

Do you like or dislike any of the following?

<i>Cod:</i>	Like	Dislike	<i>Lobster:</i>	Like	Dislike			
<i>Sole:</i>	Like	Dislike	<i>Prawns:</i>	Like	Dislike			
<i>Salmon:</i>	Like	Dislike	<i>Tuna:</i>	Like	Dislike			
<i>Sea bass:</i>	Like	Dislike	<i>Clams:</i>	Like	Dislike			
<i>Scallops:</i>	Like	Dislike	<i>Mussels:</i>	Like	Dislike			
<i>Snapper:</i>	Like	Dislike	<i>Oysters:</i>	Like	Dislike	<i>Raw?</i>	Yes	No
<i>Shrimp:</i>	Like	Dislike	<i>Crab :</i>	Like	Dislike			
			<i>Smoked salmon:</i>	Like	Dislike			

Do you Enjoy Soups?      Yes      No      Number of times per week: \_\_\_\_\_

*Hot:*      Yes      No

*Cold:*      Yes      No

# Client Preference Form

Do you enjoy vegetarian/vegan food? Yes No How many times per week? \_\_\_\_\_

Do you Enjoy Salads? Yes No How many times per week: \_\_\_\_\_

Hot: Yes No

Cold: Yes No

Do you Enjoy Soups or Salads as a Main Dish? Yes No

What are some of your favorite/least favorite fruits and vegetables? \_\_\_\_\_

What are some of your favorite salad dressings? \_\_\_\_\_

What are some of your favorite cheeses? \_\_\_\_\_

Do you like or dislike any of the following?

Basil: Like Dislike

Thyme: Like Dislike

Sage: Like Dislike

Rosemary: Like Dislike

Oregano: Like Dislike

Tarragon: Like Dislike

Cilantro: Like Dislike

Watercress: Like Dislike

Chives: Like Dislike

Parsley: Like Dislike

Dill: Like Dislike

Mint: Like Dislike Thai mint? Yes No

Caraway: Like Dislike

Cumin: Like Dislike

Fennel: Like Dislike

Do you like or dislike any of the following?

Garlic: Like Dislike

Ginger: Like Dislike

Lemon grass: Like Dislike

Sesame Oil: Like Dislike

Horseradish: Like Dislike

Wasabi: Like Dislike

Chilies: Like Dislike

Do you like or dislike any of the following cuisines?

French: Like Dislike

Italian: Like Dislike

Greek: Like Dislike

Thai: Like Dislike

Indian: Like Dislike

Japanese: Like Dislike

Chinese: Like Dislike

# Client Preference Form

May I cook with wines and liquors? Yes No

Where do your tastes fall on the spicy scale?

Bland Mild Medium Hot Extra-hot

How do you like your steak cooked?

Blue rare Rare Medium rare Medium Well done

What kind of milk do you prefer?

Fat Free 1% 2% Whole Soy Almond

What are your favorite kind of pickles?

Sweet Dill Bread & Butter Spicy Sliced Whole I don't like pickles

Do you like to eat Breads or Rolls with your Entrees? Yes No

If yes, what kind of butter do you like? Margarine Salted Unsalted Whipped European-style

How would you prefer your Entrees Packaged for refrigeration or freezer?

Individual For Two Family Style

Would you prefer: Disposable containers Reusable containers

Which appliance are you going to use to heat your food? Oven/stove Microwave

Would you like meals prepared for you to cook on your BBQ? Yes No

Are there any flavours or items that you do not want used in your menus? \_\_\_\_\_

List any Favorite Recipes that you no longer choose to prepare yourself that I can prepare for you \_\_\_\_\_

## Kitchen Information

What kind of stove/range do you have? Gas Electric

Do all the burners function properly? Yes No

Is the oven functional and accurate? Yes No

Can you provide space for 15-20 frozen entrées in your freezer (about 2 cubic feet)? Yes No

## Bonus Question

What are some of your favorite restaurants? \_\_\_\_\_

# Client Preference Form

## Additional Household Members

Name: \_\_\_\_\_ Birthday (month/day): \_\_\_\_/\_\_\_\_

Allergies/Special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birthday (month/day): \_\_\_\_/\_\_\_\_

Allergies/Special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birthday (month/day): \_\_\_\_/\_\_\_\_

Allergies/Special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birthday (month/day): \_\_\_\_/\_\_\_\_

Allergies/Special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_

\_\_\_\_\_