



Fresco Culinary Services **New Client Questionnaire**

Directions :

- 1. Print and Fill out form**
- 2. Bring form with you to the initial consultation/meeting with the Chef**

Thank you for your interest in Fresco Culinary Personal/Private Chef Service. Here is your opportunity to let us know your food preferences. Please take a few minutes to fill out this questionnaire. It is a bit long but it is the best way to ensure that we deliver just what you want. We also keep this in your file and refer to it in order to create menus for you!

Client: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Best weekdays for the Chef to cook in your home (if applicable):

Today's Date: _____

Please list ANY known or suspected allergies for anybody in household:

Starter questions:

Ethnic Cuisines - What's your favorite??? (Italian, Mexican, Greek, Chinese, Japanese, Indian...etc)

Any Favorite recipes you would like prepared?



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Foods/main dishes you really like:

Foods/main dishes you really dislike:

What is your preference for spicy foods?

- Bland
- Mild
- Moderate
- Spicy

How do you want your meals packaged?

- Single
- Two-person
- Family portions

Which appliance are you going to use to heat your meals? Oven Microwave

Does your oven maintain an accurate temperature? Yes No

What kind of Freezer space is available to store your freezer entrees? Attached Stand Alone

Where is your Fuse/Breaker Box located? _____

Do you want meals prepared in your home, or prepared and then brought to you?

If you want meals prepared in your home, do you have a security system that requires a pass code to enter your home if you will not be there? Yes No

May we cook with Wine and/or Liquors? Yes No

Please indicate items you like

- | | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|---|
| Beef: | Veal: | Pork: | Lamb: | |
| <input type="checkbox"/> Steak | <input type="checkbox"/> Stew | <input type="checkbox"/> Chops | <input type="checkbox"/> Chops | <input type="checkbox"/> Meatloaf |
| <input type="checkbox"/> Roast | <input type="checkbox"/> Ground veal | <input type="checkbox"/> Tenderloin | <input type="checkbox"/> Stew | <input type="checkbox"/> Meat & vegetable/pasta |
| <input type="checkbox"/> Ground round | <input type="checkbox"/> Scaloppini | <input type="checkbox"/> Ribs | <input type="checkbox"/> Ground | <input type="checkbox"/> Casseroles |
| <input type="checkbox"/> Flank steak | | <input type="checkbox"/> Bacon | <input type="checkbox"/> Roasts | |
| <input type="checkbox"/> Short ribs | | <input type="checkbox"/> Ham | | |
| <input type="checkbox"/> Sausage | | <input type="checkbox"/> Ground pork | | |

Please list any meats you will not or cannot eat:

Poultry

- | | | |
|---|--|--|
| <p>Chicken:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Boneless <input type="checkbox"/> Bone in breast <input type="checkbox"/> Thigh <input type="checkbox"/> Ground <input type="checkbox"/> Roast | <p>Turkey:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breast <input type="checkbox"/> Smoked <input type="checkbox"/> Ground <input type="checkbox"/> Cutlets <input type="checkbox"/> Sausage | <ul style="list-style-type: none"> <input type="checkbox"/> Chicken/turkey meatloaf <input type="checkbox"/> Chicken/turkey and vegetable/pasta <input type="checkbox"/> Casseroles |
|---|--|--|

Please list any poultry you will not or cannot eat: _____

When you eat Poultry do you prefer? Dark Meat White Meat Both

Fish/ Shellfish

- | | | |
|--|--|--|
| <p>Fin Fish:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salmon <input type="checkbox"/> Tilapia <input type="checkbox"/> Haddock <input type="checkbox"/> Cod <input type="checkbox"/> Catfish <input type="checkbox"/> Bass <input type="checkbox"/> Mahi Mahi <input type="checkbox"/> Tuna steak | <p>Shell Fish:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shrimp <input type="checkbox"/> Scallops <input type="checkbox"/> Lobster <input type="checkbox"/> Crab, natural <input type="checkbox"/> Crab imitation | <ul style="list-style-type: none"> <input type="checkbox"/> Canned tuna in oil <input type="checkbox"/> Canned tuna in water |
|--|--|--|

Please list any fish or shellfish you will not or cannot eat:

Salads/lettuce

- | | | | |
|---|--|---|---|
| <p>Salads:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mixed greens <input type="checkbox"/> Fruit salads <input type="checkbox"/> Rice salads <input type="checkbox"/> Pasta salads <input type="checkbox"/> Salad as main entree | <p>Lettuce/Greens:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arugula <input type="checkbox"/> Butter head <input type="checkbox"/> Endive <input type="checkbox"/> Escarole <input type="checkbox"/> Frisse | <ul style="list-style-type: none"> <input type="checkbox"/> Iceberg <input type="checkbox"/> Leaf lettuce <input type="checkbox"/> Lollo rosso/mesclun <input type="checkbox"/> Radicchio <input type="checkbox"/> Romaine | <ul style="list-style-type: none"> <input type="checkbox"/> Spinach <input type="checkbox"/> Watercress |
|---|--|---|---|

Please list any greens you will not or cannot eat:



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Salad Dressings:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Vinaigrette | <input type="checkbox"/> Ranch | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> (Italian, balsamic, raspberry, citrus) | <input type="checkbox"/> Light ranch | |
| <input type="checkbox"/> Olive oil & balsamic vinegar | <input type="checkbox"/> French | |
| <input type="checkbox"/> Olive oil & lemon juice | <input type="checkbox"/> Honey mustard | |
| <input type="checkbox"/> Mayonnaise based | <input type="checkbox"/> Blue cheese | |
| | <input type="checkbox"/> Thousand island | |

Do you eat salads as a main dish? Yes No

Please list any salad dressing you will not or cannot eat: _____

Soups:

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Cream Based | <input type="checkbox"/> With meat/poultry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hot | <input type="checkbox"/> Vegetable | |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Soup as main dish | |
| <input type="checkbox"/> Clear broths | | |

Please list any soup you will not or cannot eat: _____

Vegetables:

- | | | |
|---|--|--|
| <input type="checkbox"/> Artichokes | <input type="checkbox"/> Celery | <input type="checkbox"/> Onions |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Corn | <input type="checkbox"/> Leeks |
| <input type="checkbox"/> Bean sprouts | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Daikon radish | <input type="checkbox"/> Swiss chard |
| <input type="checkbox"/> Bell peppers | <input type="checkbox"/> Eggplant | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Bok Choy | <input type="checkbox"/> Fennel | <input type="checkbox"/> Turnips |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Green beans | <input type="checkbox"/> Winter squash |
| <input type="checkbox"/> Brussels sprouts | <input type="checkbox"/> Greens (collards etc) | <input type="checkbox"/> Yellow squash |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Kale | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cauliflower | Okra | |

Please list any vegetables you will not or cannot eat: _____

Fruits:

- | | | | |
|---------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Apple | <input type="checkbox"/> Fig | <input type="checkbox"/> Melon | <input type="checkbox"/> Pomegranate |
| <input type="checkbox"/> Apricot | <input type="checkbox"/> Grapefruit | <input type="checkbox"/> Nectarine | <input type="checkbox"/> Quince |
| <input type="checkbox"/> Avocado | <input type="checkbox"/> Grape | <input type="checkbox"/> Orange | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Banana | <input type="checkbox"/> Guava | <input type="checkbox"/> Papaya | _____ |
| <input type="checkbox"/> Blackcurrant | <input type="checkbox"/> Kiwi | <input type="checkbox"/> Peach | _____ |
| <input type="checkbox"/> Blueberry | <input type="checkbox"/> Lemon | <input type="checkbox"/> Pear | _____ |
| <input type="checkbox"/> Cherry | <input type="checkbox"/> Lime | <input type="checkbox"/> Persimmon | |
| <input type="checkbox"/> Coconut | <input type="checkbox"/> Loganberry | <input type="checkbox"/> Pineapple | |
| <input type="checkbox"/> Cranberry | <input type="checkbox"/> Mango | <input type="checkbox"/> Plum | |

Please list any fruit you will not or cannot eat: _____



New Client Questionnaire

Grains & Potatoes:

Rice:

- White rice
- Brown rice
- Wild rice
- Rice pilaf
- Risotto

Pasta:

- Regular pasta
- Whole wheat pasta
- Fresh pasta

Other Grains:

- Barley
- Buckwheat
- Bulgur
- Polenta
- Wheat
- Oat
- Corn

Potatoes:

- Red potatoes
- Russet potatoes
- White potatoes
- Fingerling potatoes
- Blue potatoes
- Sweet potatoes
- Yams
- Yellow potatoes

Other _____

Please list any grains or potatoes you will not or cannot eat: _____

Beans:

- Black-eyed peas
- Cannelloni
- Garbanzo
- Kidney
- Lentils
- Lima
- Peas
- Pinto
- Soybeans

Other _____

Please list any beans you will not or cannot eat: _____

Breads:

- White
- Wheat
- Multigrain
- Rolls
- Biscuits
- Muffins
- Cornbread
- Pita
- Naan (sweet, savory)
- Paratha
- Tortillas
- Flour
- Whole wheat
- Corn

Artisanal:

- Bruschetta
- Focaccia
- Pesto
- Garlic
- Rosemary
- Sourdough

Please list any breads you will not or cannot eat: _____

Herbs:

- Basil
- Chives
- Cilantro
- Dill
- Garlic
- Parsley
- Lavender
- Mint
- Oregano
- Rosemary
- Sage
- Thyme
- Marjoram
- Tarragon
- Other _____

Please list any herbs you will not or cannot eat: _____



New Client Questionnaire

Spices:

- | | | | |
|--------------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Allspice | <input type="checkbox"/> Coriander | <input type="checkbox"/> Nutmeg | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Anise | <input type="checkbox"/> Cumin | <input type="checkbox"/> Paprika | _____ |
| <input type="checkbox"/> Bay leaf | <input type="checkbox"/> Curry powder | <input type="checkbox"/> Mint | |
| <input type="checkbox"/> Caraway | <input type="checkbox"/> Dill seed | <input type="checkbox"/> Poppy seed | |
| <input type="checkbox"/> Cardamom | <input type="checkbox"/> Fennel seed | <input type="checkbox"/> Saffron | |
| <input type="checkbox"/> Celery seed | <input type="checkbox"/> Garlic powder | <input type="checkbox"/> Spearmint | |
| <input type="checkbox"/> Chervil | <input type="checkbox"/> Ginger powder | <input type="checkbox"/> Turmeric | |
| <input type="checkbox"/> Cinnamon | <input type="checkbox"/> Lemon grass | <input type="checkbox"/> Wasabi | |
| <input type="checkbox"/> Cloves | <input type="checkbox"/> Mustard seed/powder | | |
-
- | | |
|--|-------------------------------|
| <input type="checkbox"/> Black Pepper | <input type="checkbox"/> Salt |
| <input type="checkbox"/> White Pepper | |
| <input type="checkbox"/> Cayenne Pepper | |
| <input type="checkbox"/> Red pepper flakes | |

Please list any spices you will not or cannot eat: _____

Sweeteners

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> White sugar | <input type="checkbox"/> Fruit juices/applesauce | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Brown sugar | <input type="checkbox"/> Agave | _____ |
| <input type="checkbox"/> Raw sugar | <input type="checkbox"/> Splenda | |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Sweet & low | |
| <input type="checkbox"/> Maple syrup | <input type="checkbox"/> Equal | |

Please list any sweeteners you will not or cannot eat: _____

Fats/Oils

- | | | |
|--|---|--|
| <input type="checkbox"/> Olive oil | <input type="checkbox"/> Grape seed oil | <input type="checkbox"/> Peanut oil |
| <input type="checkbox"/> Butter | <input type="checkbox"/> Sesame oil | <input type="checkbox"/> Coconut oil |
| <input type="checkbox"/> Margarine | <input type="checkbox"/> Vegetable oil | <input type="checkbox"/> Other Oils: _____ |
| <input type="checkbox"/> Smart balance | <input type="checkbox"/> Shortening | _____ |
| <input type="checkbox"/> Canola oil | <input type="checkbox"/> Walnut oil | |

Please list any fats/oils you will not or cannot eat: _____

Dairy Products

- | | | |
|--------------------------------------|----------------------------------|---|
| Milk: | Yogurt: | Others: |
| <input type="checkbox"/> Whole | <input type="checkbox"/> Regular | <input type="checkbox"/> Cottage cheese |
| <input type="checkbox"/> 2% | <input type="checkbox"/> Low fat | <input type="checkbox"/> Cream cheese |
| <input type="checkbox"/> 1% | <input type="checkbox"/> Non-fat | <input type="checkbox"/> Sour cream |
| <input type="checkbox"/> Skim | | <input type="checkbox"/> Crème fraiche |
| <input type="checkbox"/> Cream | | |
| <input type="checkbox"/> Half & half | | |

Please list any dairy products you will not or cannot eat: _____



New Client Questionnaire

Cheeses

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Asiago | <input type="checkbox"/> Gorgonzola | <input type="checkbox"/> Mozzarella | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Brie | <input type="checkbox"/> Gouda | <input type="checkbox"/> Muenster | _____ |
| <input type="checkbox"/> Cheddar | <input type="checkbox"/> Gruyere | <input type="checkbox"/> Parmigiano | |
| <input type="checkbox"/> Colby-jack | <input type="checkbox"/> Havarti | <input type="checkbox"/> Reggiano | |
| <input type="checkbox"/> Feta | <input type="checkbox"/> Humboldt fog | <input type="checkbox"/> Pepper jack | |
| <input type="checkbox"/> Fontina | <input type="checkbox"/> Jarlsberg | <input type="checkbox"/> Provolone | |
| <input type="checkbox"/> Fresh mozzarella | <input type="checkbox"/> Manchego | <input type="checkbox"/> Queso fresco | |
| <input type="checkbox"/> Fresh ricotta | <input type="checkbox"/> Mascarpone | <input type="checkbox"/> Stilton | |
| <input type="checkbox"/> Goat cheese | <input type="checkbox"/> Monterey jack | <input type="checkbox"/> Swiss | |

Please list any cheeses you will not or cannot eat: _____

Eggs & Soy

- | | | |
|---|-------------------------------------|---|
| Eggs: | Tofu: | <input type="checkbox"/> Soy based products |
| <input type="checkbox"/> Whole | <input type="checkbox"/> Firm | <input type="checkbox"/> Gluten-free |
| <input type="checkbox"/> Yolks only | <input type="checkbox"/> Extra firm | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Whites only | <input type="checkbox"/> Soft | _____ |
| <input type="checkbox"/> Egg substitute | <input type="checkbox"/> Silken | |

Please list any eggs and soy you will not or cannot eat: _____

Nuts & Seeds

- | | | | |
|-----------------------------------|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Almonds | <input type="checkbox"/> Pistachio | <input type="checkbox"/> Pumpkin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cashew | <input type="checkbox"/> Pine nuts | <input type="checkbox"/> Sesame | _____ |
| <input type="checkbox"/> Chestnut | <input type="checkbox"/> Macadamia | <input type="checkbox"/> Sunflower | |
| <input type="checkbox"/> Hazelnut | <input type="checkbox"/> Walnuts | | |
| <input type="checkbox"/> Pecan | <input type="checkbox"/> Flaxseed | | |
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Poppy | | |

Please list any nuts and soy you will not or cannot eat: _____

Miscellaneous

- | | |
|-----------------------------------|---|
| Olives: | Others: |
| <input type="checkbox"/> Green | <input type="checkbox"/> Capers |
| <input type="checkbox"/> Black | <input type="checkbox"/> Jalapenos |
| <input type="checkbox"/> Kalamata | <input type="checkbox"/> Artichoke hearts |

Any other misc items you can think of that you do not enjoy:

That's It...You're done, Thank you !!!