

Name _____

Date _____

Address _____

How many are eating? _____

Phone _____

Adults? _____

Email _____

Children? _____

Habits and Preferences

Do you or any member of your household suffer from any food allergies?

Please advise. _____

Do you or any member of your household have any food aversions?

Please advise. _____

Do you or any member of your household have any religious dietary restrictions?

Please advise. _____

Are you or any member of your household on a special diet?

(Circle those that apply)

Weight Watchers ZONE Paleo Vegetarian Gluten-free Dairy-free Other

If other, please explain. _____

Are you breastfeeding or do you plan to breastfeed? Yes No

What are your preferred food shopping locations:

1. _____
2. _____
3. _____

Would you prefer organic or locally sourced meat and produce? Yes No

Please specify: _____

Tell me your top two favorite local restaurants:

1. _____
2. _____

(Look up these restaurants online and take note of their menus)

Tell me three of your favorite home cooked meals:

1. _____
2. _____
3. _____

(Ask for copies of favorite recipes)

What ethnic foods do you enjoy?

Italian Mexican Asian French American Indian Other

If other, please specify _____

How do you prefer excess food to be packaged?

(Circle client's preferences)

Individual For Two Family Style

Do you have a preference for food storage?

(Does client own the own the storage containers or do they need to be purchased?)

Disposable Reusable Plastic Glass

Do you have a preferred method for reheating meals?

Microwave Stovetop Oven

Do you enjoy spicy food? Yes No

If yes, what is your heat tolerance level?
(Circle client's preference)

Mild Medium Hot Challenge me

What are your favorite desserts and sweets:

1. _____
2. _____
3. _____

Meal Schedules and Choices

What time of day do you typically eat breakfast? _____

Ask client the following questions. Refer to our lists if the client draws a blank.

What types of foods do you prefer to eat for breakfast?

- | | | | | |
|----------------------------------|--------------------------------------|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Fresh Fruit | <input type="checkbox"/> Protein Shake | <input type="checkbox"/> Smoothie | <input type="checkbox"/> Yogurt |
| <input type="checkbox"/> Bagels | <input type="checkbox"/> Pancakes | <input type="checkbox"/> Waffles | <input type="checkbox"/> Crepes | <input type="checkbox"/> Bacon |
| <input type="checkbox"/> Sausage | <input type="checkbox"/> Wrap | <input type="checkbox"/> English Muffin | <input type="checkbox"/> Toast | <input type="checkbox"/> Jam |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Tea | <input type="checkbox"/> Juice | <input type="checkbox"/> Milk | |

Hot Beverages

Do you prefer caffeinated or de-caffeinated hot beverages? Caffeinated Decaf
(Circle client's preference)

Tea Coffee Hot Chocolate Cider Other

If other, please advise _____

What time of day do you typically eat lunch? _____

What types of foods do you prefer to eat for lunch?

- | | | |
|--|--|--|
| <input type="checkbox"/> Cold Sandwiches | <input type="checkbox"/> Salads | <input type="checkbox"/> Soups |
| <input type="checkbox"/> Hot Sandwiches | <input type="checkbox"/> Rice Bowls | <input type="checkbox"/> Mezze Platter |
| <input type="checkbox"/> Lean Protein & Vegetables | <input type="checkbox"/> Pasta & Salad | |

What time of day do you typically eat dinner? _____

What time of day does your spouse or significant other arrive home? _____

Do you and your partner eat an evening meal together regularly? _____

What types of foods do you prefer to eat for dinner?

- | | | |
|---|--|--|
| <input type="checkbox"/> Meat & Potatoes | <input type="checkbox"/> Composed Salads | <input type="checkbox"/> Comfort Food |
| <input type="checkbox"/> Low Carb Options | <input type="checkbox"/> Lean Protein/Vegetables | <input type="checkbox"/> Casseroles |
| <input type="checkbox"/> Seasonal Fare | <input type="checkbox"/> One Pot Meals | <input type="checkbox"/> Pasta/Rice Dishes |

Snacks and Options

Which of the following snack options appeal to you?
(Check those that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cheese & Crackers | <input type="checkbox"/> Raw Vegetables & Dip |
| <input type="checkbox"/> Dried Fruits & Nuts | <input type="checkbox"/> Yogurt & Granola |
| <input type="checkbox"/> Fresh Fruit | <input type="checkbox"/> Smoothies |
| <input type="checkbox"/> Baked goods | |

Water and Hydration

Do you easily and consistently consume 8-10 glasses of water per day? Yes No

Is it difficult for you to consume the recommended daily amount of water?
Yes No

Do you prefer beverages with more flavor than water? Yes No

If yes, please advise _____

Notes:

Utilize the following chart to gather and store data that pertains to each client's preferences. This will make meal planning and shopping more convenient, as you will know the specifics of each client's preferences. Keep this information in your client's file and refer to it when shopping.

Milk Preference

- Skim 1% 2% Whole Lactaid
- Soy Rice Almond Hemp Other

Cooking Oil/Fats Preference

- Butter Olive Oil Canola Oil Vegetable Oil Coconut Oil
- Lard Walnut Oil Safflower Oil Avocado Oil Other

Egg Preference

- Cage Free Organic Free Range Local Whole Whites
- Egg Beaters Scrambled Hard Boiled Poached Over Easy Omelet
- Sunny Side Up

Meat, Poultry & Seafood

- Beef Lamb Pork Game Veal Buffalo
- Chicken Boneless Skinless Breasts Thighs Whole
- Turkey Deli Meats Sausages Meat Balls Duck Offal
- Mussels Crab Scallops Shrimp Lobster Clams
- Oysters Conch Salmon Cod Flounder Sole
- Sea Bass Tilapia Monk Fish Haddock Trout Salt Cod
- Lox Whitefish Catfish Halibut Bluefish Swordfish

Fruits

- | | | | | |
|----------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Apple | <input type="checkbox"/> Apricot | <input type="checkbox"/> Banana | <input type="checkbox"/> Blackberries | <input type="checkbox"/> Blueberries |
| <input type="checkbox"/> Cherry | <input type="checkbox"/> Coconut | <input type="checkbox"/> Cranberries | <input type="checkbox"/> Figs | <input type="checkbox"/> Grapefruit |
| <input type="checkbox"/> Grapes | <input type="checkbox"/> Kiwi | <input type="checkbox"/> Mango | <input type="checkbox"/> Melon | <input type="checkbox"/> Nectarines |
| <input type="checkbox"/> Oranges | <input type="checkbox"/> Papaya | <input type="checkbox"/> Peach | <input type="checkbox"/> Pear | <input type="checkbox"/> Pineapple |
| <input type="checkbox"/> Plum | <input type="checkbox"/> Raspberries | <input type="checkbox"/> Strawberries | <input type="checkbox"/> Watermelon | |

Vegetables

- | | | | | |
|-------------------------------------|--|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Artichokes | <input type="checkbox"/> Asparagus | <input type="checkbox"/> Avocado | <input type="checkbox"/> Beets | <input type="checkbox"/> Bok Choy |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Brussels
Sprouts | <input type="checkbox"/> Cabbage | <input type="checkbox"/> Carrots | <input type="checkbox"/> Cauliflower |
| <input type="checkbox"/> Celery | <input type="checkbox"/> Chicories | <input type="checkbox"/> Collards | <input type="checkbox"/> Corn | <input type="checkbox"/> Cucumber |
| <input type="checkbox"/> Eggplant | <input type="checkbox"/> Fennel | <input type="checkbox"/> Green
Beans | <input type="checkbox"/> Jicama | <input type="checkbox"/> Kale |
| <input type="checkbox"/> Kohlrabi | <input type="checkbox"/> Lettuces | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Okra | <input type="checkbox"/> Olives |
| <input type="checkbox"/> Onions | <input type="checkbox"/> Parsnips | <input type="checkbox"/> Peas | <input type="checkbox"/> Peppers | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Radishes | <input type="checkbox"/> Rutabaga | <input type="checkbox"/> Soybeans | <input type="checkbox"/> Spinach | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Sunchoke | <input type="checkbox"/> Sweet
Potato | <input type="checkbox"/> Swiss
Chard | <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Turnips |
| <input type="checkbox"/> Watercress | <input type="checkbox"/> Zucchini | | | |

Starches

- | | | | | |
|---------------------------------|---------------------------------|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Barley | <input type="checkbox"/> Bulgar | <input type="checkbox"/> Corn
Products | <input type="checkbox"/> Cous Cous | <input type="checkbox"/> Grits |
| <input type="checkbox"/> Hominy | <input type="checkbox"/> Oats | <input type="checkbox"/> Pasta | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Quinoa |
| <input type="checkbox"/> Rice | <input type="checkbox"/> Squash | | | |

Spices/Seasonings

- | | | | | |
|---|---|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Anise | <input type="checkbox"/> Basil | <input type="checkbox"/> Caraway | <input type="checkbox"/> Cilantro | <input type="checkbox"/> Cinnamon |
| <input type="checkbox"/> Cloves | <input type="checkbox"/> Cumin | <input type="checkbox"/> Curry | <input type="checkbox"/> Garlic | <input type="checkbox"/> Ginger |
| <input type="checkbox"/> Mint | <input type="checkbox"/> Mustard | <input type="checkbox"/> Onions | <input type="checkbox"/> Oregano | <input type="checkbox"/> Paprika |
| <input type="checkbox"/> Pepper,
Black | <input type="checkbox"/> Pepper,
Red | <input type="checkbox"/> Rosemary | <input type="checkbox"/> Saffron | <input type="checkbox"/> Sage |
| <input type="checkbox"/> Tarragon | <input type="checkbox"/> Thyme | <input type="checkbox"/> Vanilla | | |

Bread

- | | | | | |
|---------------------------------------|--------------------------------------|------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Whole Wheat | <input type="checkbox"/> Rye | <input type="checkbox"/> Italian | <input type="checkbox"/> Tortilla |
| <input type="checkbox"/> Baguette | <input type="checkbox"/> EZEKIEL | <input type="checkbox"/> Pita | <input type="checkbox"/> Dinner Rolls | <input type="checkbox"/> Cornbread |
| <input type="checkbox"/> Pumpernickel | <input type="checkbox"/> Brioche | <input type="checkbox"/> Sourdough | <input type="checkbox"/> Bagels | <input type="checkbox"/> Biscuits |

Cheese

- | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> American | <input type="checkbox"/> Asiago | <input type="checkbox"/> Brie | <input type="checkbox"/> Blue | <input type="checkbox"/> Gouda |
| <input type="checkbox"/> Mozzarella | <input type="checkbox"/> Parmesan | <input type="checkbox"/> Jack | <input type="checkbox"/> Swiss | <input type="checkbox"/> Cheddar |

As an added resource be sure to book a consult with Chef Joe.

Chef Joe will:

- ***assess your cooking abilities***
- ***review the client data you have collected***
- ***assemble menus tailored to your client's preferences***
- ***provide you with recipes that your clients will love***

Following your consult with Chef Joe you will be able to easily create nutritious and satisfying snacks and meals for your clients that are tailored to your specific skill level in the kitchen. Many recipes can be easily doubled so that you can feed your families a meal today and freeze a meal for them to use at a later date.

Consults with Chef Joe are available at the rate of \$150 per session and can be booked through Kim at the ProDoula office. (914) 400-3494.

SHOPPING LIST

VEGETABLES

- Avocado
- Potato
- Broccoli
- Carrots
- Cucumbers
- Romaine
- Kale

FRUIT

- Apples
- Bananas
- Grapes
- Pineapple
- Mango
- Grapefruit

DAIRY/EGGS

- Large Eggs
- Unsalted Butter
- Milk
- Yogurt
- Cheese

DRY GOODS

- Broth/Stock
- Canned Tomato
- Canned Beans
- Taco Shells
- Vinegar
- Pasta
- Rice
- Oil

SPICES

- White Pepper
- Kosher Salt
- Garlic Powder
- Old Bay
- Paprika

CONDIMENTS

- Honey Mustard
- Soy Sauce
- Ketchup
- Mustard
- Steak Sauce

FROZEN

- Ice Cream
- Mixed Berries for Smoothies
- Peel and Eat Shrimp
- Sorbet
- Waffles

PROTEIN

- Skirt Steak
- Pork Tenderloin
- Boneless, Skinless Chicken Thighs
- Rotisserie Chicken
- Salmon
- Ground Beef/Turkey
- Bacon
- Oysters

BAKERY

- Seeded Italian Bread
- Bagels
- Pita Bread
- Cinnamon Rolls
- Coffee Cake
- Dinner Rolls

CONVIENENCE

- Pickles
- Hummus
- Oatmeal
- Pretzels
- Kale Chips
- Peanut Butter
- Jam/Jelly
- Chocolate
- Granola Bars
- Cereal

PERSONAL ITEMS

- Toothpaste
- Deodorant
- Shampoo
- Sanitary Pads
- Nipple Cream

BABY PRODUCTS

- Diapers
- Wipes
- Cream/Ointment
- Burp cloths

Shopping List

Shopping List		
Vegetables <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Spices <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Bakery <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Fruit <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Condiments <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Convenience <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Dairy/Eggs <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Frozen <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Personal Items <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Dry Goods <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Protein <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Baby Products <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Weekly Meal Plan

	Breakfast	Lunch	Dinner	Snacks
Sunday				
Monday				
Tuesday				
Wednesday				

Weekly Meal Plan				
	Breakfast	Lunch	Dinner	Snacks
Thursday				
Friday				
Saturday				

Notes:
