



Client Name: \_\_\_\_\_

Client Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Directions or Nearest Intersection: \_\_\_\_\_

Number of people in home: \_\_\_\_\_ Number of people to cook for: \_\_\_\_\_

Do you have any dogs? \_\_\_\_\_

How did you learn about my personal chef service? \_\_\_\_\_

How long have you been considering a personal chef? \_\_\_\_\_

Why are you interested in hiring a personal chef? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you hired a personal chef in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can a personal chef assist you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your weekly or daily schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What day would be the most convenient for you to have a personal chef in your home?  
\_\_\_\_\_

What time of day would be the most convenient to have a personal chef in your home?  
\_\_\_\_\_

Do you or any family member have food allergies? \_\_\_\_\_  
\_\_\_\_\_

List the foods that cause allergic reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you or any family member being treated for medical conditions? \_\_\_\_\_  
\_\_\_\_\_

Are you taking prescription medications for medical conditions? \_\_\_\_\_  
\_\_\_\_\_

Are you or any family member struggling with weight? \_\_\_\_\_  
\_\_\_\_\_

Do you currently have a fitness professional or trainer? \_\_\_\_\_  
\_\_\_\_\_

Do you want to learn about proper nutrition and eating habits? \_\_\_\_\_  
\_\_\_\_\_

What are your least favorite foods? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your favorite foods? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your top 5 restaurants to dine out? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or any family member have food cravings? \_\_\_\_\_

What foods do you crave? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you noticed a particular day or time when the cravings occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

