

Chef Chris Becker
M.S., Nutrition C.N.E.

PERSONAL CHEF SERVICES

Date: _____

GENERAL INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ EMAIL: _____ Birth date: _____

DIET

Do you have any dietary restrictions (Vegetarian, Vegan, Gluten-free, etc)?

Do you have any food sensitivities or allergies? (garlic, onions, dairy, tomatoes, spices, nuts, etc)?

Any foods or flavors disliked?

"your food and health solutions"



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PERSONAL CHEF SERVICES

DIET

Please list some ethnic cuisines you enjoy?

Indicate how spicy (hot) you like your food.

Bland _____ Mild _____ Medium _____ Hot _____ Very Hot _____

What are some of your favorite dishes/recipes?

HEALTH

Do you consider yourself

Very physically active: _____ Mildly physically active: _____ Not physically active: _____

What do you do for exercise?

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PERSONAL CHEF SERVICES

KITCHEN

Do you own a functional...

Cast Iron Skillet? _____ Medium Skillet? _____ Large Skillet? _____

Small Saucepan? _____ Medium Saucepan? _____ Large Saucepan? _____

Steamer Basket? _____ Wok? _____

Baking Sheet(s)? _____ Bread Pan? _____

Mixing Bowls? _____ Casserole Dish? _____

Colander? _____ Wooden Cutting Board? _____

Blender? _____ Food Processor? _____ Coffee Grinder? _____

Stove/Oven is Gas? _____ Electric? _____

Anything else I need to know about your kitchen?

Additional Comments:

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