# **Please fill out the information below to the best of your knowledge regarding your dietary needs.**

# **DELIVERY INFORMATION**

|  |  |
| --- | --- |
| **Primary Contact’s Name:** |  |
| **Primary Contact’s Cell Number:** |  |
| **Primary Contact’s Work/Other Number:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |
| **Start Date:** |  |

# **MEDICAL INFORMATION**

**Please check off if any of the following medical issues are present:**

Diabetes

Hypoglycemia

Hyperglycemia

High Blood Pressure

High Cholesterol

Celiac

Other

**Do you have any other medical conditions that need to be addressed? (IE: Lactose Intolerance, Crohn's disease, thyroid disorder, IBS, pregnancy, etc.)**

|  |
| --- |
| **Condition** |
|  |
|  |
|  |

**Do you follow a doctor’s or dietician’s recommended diet?** (foods to avoid, sodium intake, caloric intake, etc.)  Yes  No If yes, please explain:

**Are there any known food allergies** (wheat/gluten, shellfish, nuts, etc.)**?**

**If yes, please specify the allergy type:**

|  |
| --- |
| **Allergy Type** |
|  |
|  |
|  |

**Do you take medications (Lipitor, Coumadin, etc.) that require certain foods to be avoided?**

Yes  No If yes, please explain:

# **DIETARY INFORMATION**

**Are there any food sensitivities** (No garlic, light on garlic, no peppers, no cucumbers, only cooked onions because raw are too strong, etc.)?  No  Yes - If so, please specify the specific food:

|  |
| --- |
| **Food Item** |
|  |
|  |
|  |

**Are you trying to lose or gain weight?**  Gain or  Lose

Please check off the diet you prefer to follow:

Low Fat

Low Carbohydrate

Paleo

Weight Watchers

"Pyramid" (FDA standard recommended diet)

Other Programs (specify):

**FOOD PREFERENCES**

**What foods do you absolutely love?**

**What foods do you dislike?**

**What is your favorite restaurant?**

**If you were to go out to dinner and splurge, what would your splurge meals be (provide examples)?**

**How often do you have desserts?**

**What are some of your favorite desserts?**

**May I cook with wine and/or liquors?**  Yes  No

**Please check off your preference on salt intake:**

No Salt  Light Salt

**Please check off your preference on sweeteners:**

Granulated

Brown

Powdered

Splenda

Splenda-Brown Sugar

Equal

Sweet-n-Low

Honey

Stevia

Agave

Other sugar substitute (Please specify):

**Please check off your preference on cheese:**

Full Flavor

Low-Fat

Non-Fat

**Any – No set preference**

Soy Cheese

Other Cheese Substitute (Please specify):

**Please check off all cheeses enjoyed:**

American - White

American - Yellow

Asadero

Asiago

Blue

Brie

Camembert

Cheddar – All flavors

Cheddar – Mild

Cheddar – Medium

Cheddar – Sharp

Cheddar – Extra Sharp

Colby-Jack

Cotija

Cottage Cheese

Cream Cheese

Edam

Feta

Fontina

Havarti

Goat

Gorgonzola

Gouda

Gruyère

Jarlsberg

Mascarpone

Monterrey Jack regular

Monterrey Jack peppered

☐ Monterrey Jack both

Mozzarella

Muenster

Oaxaca

Panela

Parmesan

Provolone

Ricotta

Romano

Queso Blanco

Queso Fresco

Queso Quesadilla

Swiss - baby

**Any – No set preference**

Swiss - big eye

Swiss - both

**Please check off your preference on milk:**

Skim

1%

2%

Whole

Whipping/Heavy Cream

Half-and-Half

Fat-Free Half-and-Half

Evaporated

Fat-Free Evaporated

Soy Milk

Rice Milk

Almond Milk

Hazelnut Milk

Goat's Milk

Powdered Milk

Organic Lactose Free Milk

Coconut Milk

Hemp Milk

**Any – No set preference**

**Please check off your preference in terms of organic foods** (select one):

ALL organic grass-fed meats/dairy/groceries

Organic/grass fed meats/dairy ONLY and the rest of the groceries (produce/pantry) non-organic

Organic/grass fed meats ONLY and the rest of the groceries (produce/pantry, dairy) non-organic

Organic/grass fed meats, dairy and veggies but pantry items non-organic

Organic/grass fed meats and veggies but pantry items non-organic

**Any – No set preference**

**Please check off your desired spice index of foods:**

Extra Mild

Mild

Mild-Medium

Medium

Hot

Laser

9 million Scoville hotness units (World’s Hottest Level)

**Any – No set preference**

**Are there any herbs/spices/seasonings that you particularly like or dislike**? (See lists under food preparation for examples of spices and flavorings)

**Particularly like:**

**Particularly dislike:**

**Do you like?**

Olives  Yes  No

Nuts  Yes  No

Mushrooms  Yes  No

Beets  Yes  No

Parsnips  Yes  No

Turnips  Yes  No

Cilantro  Yes  No

Curry  Yes  No

Sesame Seeds   No

Brussels Sprouts  Yes  No

Artichoke Hearts  Yes  No

Coconut  Yes  No

Coconut Milk  Yes  No

Asparagus  Yes  No

**Are there any flavors you just plain dislike?** (Example: curry, peanut oil, etc.)

Yes  No If yes, please specify:

**What would be your preferred main dish?**

Protein (Meat, Seafood, Poultry, etc.)

Salads

Soups

Stew

**Any – No set preference**

**What salads do you prefer?**

Traditional (House, Tossed, Caesar)  Unique (with mixed greens, grains, nuts, fruits, cheese, etc.)

**Any – No set preference**

**Please check off cuisine types you enjoy:**

Mexican

Thai/Asian

French

Italian

Indian

Mediterranean

Greek

"Cajun"

Cuban

Caribbean

Middle Eastern

Traditional/ American Comfort Food

Other (Please specify):

**Please check off preference for your red meat to be cooked:** *\*Please note the chef will cook the meat at a temperature below selected, and then the client will cook more as needed\**

Rare

Medium-Rare

Medium

Done

Well-Done

**Please choose your preferred cuts of poultry:**

Turkey cutlets  Yes  No

Ground turkey (used in turkey patties, meatloaf and meatballs)  Yes  No

Bone –in, skin on chicken  Yes  No

Chicken Drumsticks  Yes  No

Chicken wings  Yes  No

Boneless & skinless chicken cutlets  Yes  No

Are you ok with both white and dark meat chicken?  Yes  No

**Please check preferred shellfish types:**

Shrimp

Scallops

Mussels

Oysters

Crab

Lobster

Crawfish

Clams

Prawns

**Please check off types of all fish preferred:** \*Note: items in **bold** are used most often\*

**Salmon**

Tuna

Cod

Tilapia

**Snapper**

**Redfish**

King Fish

Rock Fish

Trout

**Catfish**

Other (Please specify)

**Any – No set preference**

**Do you enjoy any meatless entrees (vegan)?**  Yes  No

**Please check off any meat/protein substitutes you enjoy:**

Seitan

Tofu

Meat Substitutes (“Gimme Lean”, Boca Crumbles, “Lightlife,” tofu, tempeh, etc.)

Non-animal protein sources (beans, nuts, grain and vegetables)

# **FOOD PREPARATION**

***Chef Alexandria’s most commonly used spices:***

Old Bay

Cayenne Pepper

Cilantro

Himalayan Salt

Garlic

Cumin

Curry

Cajun

Ginger

Lemon Pepper

Oregano

Parsley

Thyme

Turmeric

Chicken Powder

All Spice

***Chef Alexandria’s most commonly used oils:***

Olive, Red Palm Oil, Coconut, Vegetable

**Please check off how you want your ingredients** (such as onions) **chopped:**

Small Diced

Medium Diced

Large Diced

**Please check off your desired protein portion size:**

Strict (4 oz.)  Large (8 oz.)  Regular (6 oz.)  **Any – No set preference**

**Please check off your desired starch portion size:**

Strict (1/3 cup)

Regular (1/2 cup)

Large (3/4 cup)

**Any – No set preference**

**Please check off your desired vegetable portion size:**

Strict (1/2 cup)

Regular (3/4 cup)

Large (1 cup)

**Any – No set preference**

**Please check off how you like foods prepared** (check as many as apply):

Fried

Sautéed

Broiled

Pan-Seared

Grilled

Roasted

Boiled

Baked

Steamed

Braised

Stewed

**Any – No set preference**

**What would your ideal meal prep week look like?**

**Poultry**  2X  3X  4X

**Beef**   2X  3X  4X

**Pork**   2X  3X  4X

**Lamb/Veal**  2X  3X  4X

**Fish/Shellfish**  2X  3X  4X

**Meatless** – strictly veggies/natural sourced protein - nuts, grains, legumes, etc. (No meat substitutes)  2X  3X  4X

**Meat Substitute** - tofu, tempeh, etc.

2X  3X  4X

**Please check off all grains, pastas, and types of rice enjoyed:**

Barley

Tabbouleh (Bulgur Wheat Salad)

Polenta

Quinoa

Wild Rice

Arborio Rice (risotto)

Basmati Rice

Saffron Rice

Brown Rice

Jasmine Rice (medium grain)

Long Grain Rice (White)

Mexican Rice

Angel Hair Pasta

Elbow Macaroni

Fine Couscous

Israeli (Pearl) Couscous

Farfalle (bow-tie shaped)

Fettucine

Fusilli

Lasagna Noodles

Linguine

Manicotti

Orzo (rice shaped pasta)

Penne

Ravioli

Spaghetti

Pasta Shells - Jumbo

Pasta Shells - Small

Tortellini

Ziti

Soba Noodles

Rice Noodles

Lentils

Potatoes, sweet

Potatoes, white

Farro

Freekeh

Black Rice

**Any – No set preference**

**Do you prefer traditional side dishes** (rice, potatoes, pasta) **or unique dishes such as mashed cauliflower, rice cauliflower, herbed mashed carrot-parsnip?**

Traditional  Unique  **Any – No set preference**

# **COMMENT SECTION**

**Please list any concerns or other instructions that you may have:**

\*OPTIONAL\* Please write what you are looking for in your meals; general likes/dislikes. Provide as much detail as you’d like to help customize these meals to meet your needs (within reason).