



Culinary Needs Assessment

Please complete and fax to 800-358-2845

Diet preferences:

Low fat ___ Diabetic ___ Low Carb ___ High Carb ___ Low Sodium

Lactose Intolerant ___ Vegetarian ___ Vegan ___ Kosher ___ Low Cholesterol

Other Please Explain

What is your food likes and dislikes:

Red meat ___ Pork ___ Lamb ___ Turkey ___ Chicken ___ Fish ___ Seafood

Whole grains ___ Vegetables ___ Cheese ___ Nuts ___ Low Calorie/Low Fat ___

No Preference ___

What is your food tolerance?

Bland ___ Mild ___ Medium ___ Hot ___ Extreme Spice

What is your cuisine preference?

American regional ___ Italian ___ Mexican ___ Indian ___

Japanese ___ Chinese ___ Thai ___ German ___ Middle Eastern ___

Other ___

Favorite meals of all members of the household:

Name _____ Meal _____

Name _____ Meal _____

Name _____ Meal _____



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Name _____ Meal _____

Name _____ Meal _____

Your home equipment:

Microwave ___ Y ___ N

Stove ___ Gas ___ Electric, Do all burners work correctly ___ Y ___ N,

Does your oven work correctly ___ Y ___ N

Do you have a spare freezer and refridgerator ___ Y ___ N

If no do you have room to store your food items ___ Y ___ N

May I throw away any food that is spoiled or rotten ___ Y ___ N

How will you heat your foods for serving ___ Microwave ___ Oven ___ Grill

___ Other

How shall I package you entrees in disposal able ___ or reusable ___

For 1 person ___ For 2 People ___ Family Style ___

Do you have any pets, if so breed and temperament:

Please list any foods you absolutely refuse to eat:



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Will someone be available to let me into to you home or what is the procedure for entering?

Would you like to cook with me or be interested in cooking lessons or group parties? ___Y___N

Please list any comments, questions, or concerns that you may have regarding hiring The Renegade Gourmet:

Please read the following carefully.

I have answered all the questions to the best of my ability. I understand that this assessment is to help The Renegade Gourmet representative create a menu based on my needs, dietary requirements, and medical conditions. If I am under a medical professional, nutritionist, or dietitian care that I will consult with them prior to any changes made to my diet or menu choices recommended by any representative of The Renegade Gourmet. I will also inform my chef of any changes in my medical condition or family member immediately that could possibly be altered or affected by any menu or food items that have been approved by X_____. I also understand that any representative of The Renegade Gourmet cannot by any means either written or verbally make any claims, promises, or remarks regarding or compromising a health professional, nutritionist, or dietitian opinion, direction, or discretion. I also acknowledge that I understand unless otherwise stated by an officer of The Renegade Gourmet in writing; that no representative is a licensed medical practitioner, nutritionist, or dietitian and any representative that does practice while employed by The Renegade Gourmet and it's affiliates will be fully licensed and up to date by all state and federal laws and mandates. By signing below I acknowledge that I have read the above information in its entirety and will abide by the practices set forth.

CLIENT NAME PRINTED

CLIENT SIGNATURE

DATE