



Client Assessment Form



**Client Assessment Form
For Preferences and Requirements**

Thank you for choosing Chef Marlon Angelo, a premier personal chef service, to create **THE PERFECT IN-HOME EVENT** for you. Spectacular presentation, elegant selection and delicious food are the base from which each event is planned and executed for service in your beautiful home.

No two catered events are the same. The hallmark of our service is menu and event customization. Each event and menu is created especially for you so that it reflects the tastes of you and your guests. Your very own personal chef will be at your beck and call to provide you with your every culinary wish and desire and make your event as special as you imagine!

Because each event is customized especially for each client, we have created this Client Assessment Form to easily obtain important information we use to create your custom menu and quote. We will ask you questions about your event, personal food likes and dislikes, and your kitchen. Please remember that we are an in-home personal chef service and there must be an adequate kitchen available for food preparation.

PLEASE DO NOT HESITATE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS ABOUT THIS FORM.



E: CHEF@CHEFMARLONANGELO.COM

P: 740.314.0108

W: CHEFMARLONANGELO.COM



**Client Assessment Form
For Preferences and Requirements**

CONTACT INFORMATION

Use this area to provide your contact details.

Contact Name(s): _____

Contact Phone Number(s): _____

Contact Email(s): _____

Today's Date: _____

How did you find out about my services?

Referral – Who referred you?	CMA website	APPCA website	Flyer	Business Card	Brochure	Yellow Pages
Facebook	Twitter	YouTube				

EVENT INFORMATION

Use this area to provide helpful general details about your event.

What type of event are you planning? (Meeting, banquet, seminar, wedding, fundraiser, holiday party, cocktail party, etc.): _____

Event Title (if any): _____

Is this a Family, Social, or Corporate event?: _____

Do you have a particular theme for your event?: _____

Circle the style(s) which describes you or your event best? (Circle all that apply):

Casual	Semiformal	Simple	Chic	Sophisticated	Formal	Modern
Natural	Glamorous	Urban	Eclectic	Romantic	Bohemian	Classic
Rustic	Feminine	Masculine	Floral	Traditional	Regal	Other:

What is the location/address of the event?: _____



**Client Assessment Form
For Preferences and Requirements**

Will your event be inside, outside, or both? (If both, which parts will be held inside and which parts will be held outside): _____

What is the expected date of your event? (If a date has not yet be determined or your event will be on multiple dates, please indicate more details here): _____

Approximately, what times will your event begin and end?: _____

Approximately, how many guests will be attending?: _____

Is there a guest(s) of honor? (Birthday girl/boy, graduate, bride/groom-to-be, etc.): _____ What is their name(s)?: _____

How many of these guests will be children and what is their age range? _____

What is your price range/budget?: _____

SERVICES INFORMATION

Use this area to describe the Personal Chef Services you are seeking for your event.

Please provide details regarding your desired service needs. (Plated, buffet, hors d'oeuvres party, etc.):

Will you require any décor or table settings? If, yes please describe the setting you envision. If no, please describe the setting or theme you are planning to create for your event so we may coordinate.: _____



**Client Assessment Form
For Preferences and Requirements**

Will you require dinner, glass and silverware? Is so, will you require china and crystal or would you like high-quality disposables? If not, please describe what you have available for use so we may coordinate.: _____

Would you like us to plan and/or set up your décor? If so, please describe the décor you envision.: _____

Will you need help with any rentals? If so, what type of rentals will you need? (Tents, tables, chairs, arches, flowers, entertainment, celebrity guests, etc.): _____

Use this area to indicate any other specific details regarding the miscellaneous services and/or items you may need for your event.: _____

MENU INFORMATION

This area will be used to help us build your custom menu.

Please provide details regarding your desired meal type, specific food needs or any proposed menu you may have. (Casual or fine dining, multiple courses, hors d'oeuvres party, etc.): _____



**Client Assessment Form
For Preferences and Requirements**

Does anyone have any known food allergies or sensitivities, medical conditions or situations that need to be addressed? (IE: Ingredients such as wheat/gluten, specific foods such as nuts and shellfish, Crohn’s disease, pregnancy, thyroid, diabetic, hypo/hyperglycemic, high cholesterol, lactose intolerant, low carb, vegan, etc.). If yes, please specify person’s name, situation type, and list of foods that must be avoided.:

Please circle the services and/or items you will require for your event? (Circle all that apply):

Hors d'oeuvres Butler Service	Bar/Liquor Service	Martini Spud Bar	Chocolate Fountain
Coffee/Tea Service	Espresso/Cappuccino Bar	Soft Drinks	Other _____

Please circle your desired portion size for the food at your event.:

Hors d'oeuvres	Small Plates	Entree
----------------	--------------	--------

What cuisines do you enjoy?:

Mexican	Thai/Asian	French	Italian	Indian	Mediterranean	Greek	Cajun
---------	------------	--------	---------	--------	---------------	-------	-------

Please circle your desired spice index of foods.:

Extra Mild	Mild	Mild- Medium	Medium	Hot	Lasar	Incredibly Painful
------------	------	-----------------	--------	-----	-------	-----------------------

Do you have any dishes, foods, or ingredients that you absolutely love?: _____

Are there any flavors, textures, or particular foods you just plain dislike?: (IE, curry, peanut oil, liver/gizzards, squishy foods such as squid, slimy foods such as okra, etc.)



**Client Assessment Form
For Preferences and Requirements**

Are you interested in trying dishes you have never had before?: _____

What are some of your favorite restaurants?: _____

What are some of your favorite desserts?: _____

May we cook with wine and/or liquors?: _____

Do you enjoy soups, chilies, or stews?: _____ List your favorites: _____

Do you enjoy salads as a main dish? _____ Do you like to eat salads (tossed, pasta salads, etc.) as a side dish? _____ List your favorites: _____

Do you enjoy breads or rolls with your meals? _____ List favorite types: _____

Please circle all cheeses enjoyed:

American	Asadero	Asiago	Blue	Brie	Camembert	Cheddar (mild, medium or sharp)
Colby-Jack	Cotija	Cottage	Edam	Feta	Fontina	Gorgonzola
Gouda	Gruyère	Jarlsberg	Monterrey Jack (regular or peppered)	Mozzarella	Muenster	Oaxaca
Panela	Parmesan	Provolone	Ricotta	Romano	Queso Blanco	Queso Fresco
Queso Quesadilla	Swiss (baby or big eye)					



**Client Assessment Form
For Preferences and Requirements**

Which of the following do you enjoy? (Circle all that apply):

Poultry	Beef	Pork	Lamb	Veal	Fish	Shellfish
---------	------	------	------	------	------	-----------

Please circle how you prefer your red meat cooked:

Rare	Medium-Rare	Medium Done	Well-Done
------	-------------	-------------	-----------

Please circle all types of red meat preferred:

Roasts	Shanks	Chops	Steaks	Ribs	Ground	Cheeks
Liver	Tongue	Tripe	Cubed	Bone-In	Boneless	

Please circle all types of poultry preferred:

Chicken	Turkey	Duck	Cornish-Hen	Quail	Goose	Pheasant
Roaster Hen						

Please circle your preference:

White	Dark	Both	Whole Bird	Ground	Skin-Bone-In	Skinless/Bone-In
Skinless/Boneless	Hearts	Liver	Gizzards			

Please circle types of shellfish preferred:

Shrimp	Scallops	Mussels	Oysters	Crab	Lobster	Crawfish
Clams	Prawns	Snails	Squid	Octopus		

Please circle types of fish preferred:

Salmon	Tuna	Orange-Roughy	Cod	Shark	Sea Bass	Halibut
Pollock	Haddock	Flounder	Grouper	Snapper	Sword	Bass
Redfish	Flounder	MahiMahi	Mako	Monk	Sole	Skate
Ahi	Sturgeon	Speckled Trout	Sea Trout	King Fish	Rock Fish	Perch
Rainbow Trout	Trout	Catfish	Tilapia	Basa	Walleye	Pike



**Client Assessment Form
For Preferences and Requirements**

Whitefish	Sun Fish					
-----------	----------	--	--	--	--	--

Do you enjoy roe or caviar?: _____ List your favorites: _____

Do you eat raw fish dishes such as sushi, ceviche, etc? _____ List your favorites: _____

Do you enjoy any game or specialty meats? (Please specify IE: Bison, Ostrich, Elk, Venison, Rabbit, Boar, Kangaroo, Crocodile, Alligator, etc.): _____

Please circle how you like foods prepared (circle as many as apply):

Fried	Sautéed	Broiled	Pan-Seared	Grilled	Roasted	Boiled
Baked	Steamed	Braised	Stewed			

Do you enjoy any vegetarian or meatless dishes?: _____

Please circle any meat substitutes you enjoy:

Seitan	Tempeh	Tofu	Textured Vegetable Protein	Meat Substitutes ("gimme lean", boca crumbles, etc.)
--------	--------	------	----------------------------	--

Please circle all grains, pastas, and rices enjoyed:

Barley	Tabouleh (Bulgur Wheat)	Polenta	Quinoa	Wild Rice Arborio Rice (risotto)	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)	Fettuccine	Fusilli	Lasagna Noodles	Linguine	Manicotti	Orzo (rice shaped pasta)
Penne	Ravioli	Spaghetti	Shells (small or jumbo)	Tortellini	Soba Noodles	Rice Noodles



**Client Assessment Form
For Preferences and Requirements**

Spaghetti						
-----------	--	--	--	--	--	--

KITCHEN INFORMATION

Being that we are an in-home personal chef service, there must be a kitchen available for food preparation. Please use this area to describe your location's kitchen. You may also email pictures to us if you like to chef@chefmarlonangelo.com.

Do you own a microwave oven?: _____ Is it functioning properly?: _____

Is your stove gas or electric?: _____ How many burners do you have?: _____
Are all burners functioning properly?: _____

Is your oven gas or electric?: _____ Do you have 1 or 2 ovens?: _____
Is oven(s) functioning properly?: _____ Do you have a convection feature(s) on your oven(s)?: _____

Do you have an oven thermometer?: _____ Is your oven(s) self-cleaning?: _____

Do you have a freezer thermometer?: _____ Do you have a refrigerator thermometer?: _____

Do you have a free-standing freezer?: _____ If yes, please give location: _____

Do you have an "extra" refrigerator?: _____ If yes, please give location: _____

What other kitchen equipment/appliances do you own? (Circle all that apply)

Toaster Oven	Bread Machine	Blender	Immersion (Hand) Blender	Crock Pot	Electric Skillet	Electric Griddle
Indoor Grill (stove-top or freestanding)	Food Processor	Electric Mixer	Skillets	Pots	Rice Cooker	Vegetable Steamer
Other:						



**Client Assessment Form
For Preferences and Requirements**

Do you own any catering equipment such as chafers, warmers, coolers, etc.? _____ If yes, please describe the type of catering equipment that you have available: _____

Do you have a fire extinguisher?: _____ If yes, where is it located?: _____

Where is your fuse box located?: _____

Where should I park my car to unpack and repack my vehicle?: _____

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

PERSONAL HOUSEHOLD INFORMATION

Use this area to give us information on the member's in your household if you wish to receive free gifts, discounts, coupons, and information on how we may help you with birthdays, anniversaries, and more.

Please list the members of your household along with their ages and birthdays.:

Name	Age	Birthday dd/mm/yy	Anniversary mm/yy	Upcoming Graduation mm/yy
		__/__/__	__/__	__/__
		__/__/__	__/__	__/__
		__/__/__	__/__	__/__
		__/__/__	__/__	__/__

If you would like to receive emails with special offers, promotions news, etc. from Chef Marlon Angelo, please print your email address here: _____

May we mail you promotions to the contact address listed in this form?: ____ If there is another address you'd rather receive mail at, please place it here:
