



Sushi Table Personal & Private Chef
www.thesushitable.com

Personal Preferences

Name:	Date:
Address:	
Email :	Home Phone:

Meal plan you might be interested in:

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Weekend
<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	Other (specify):

Likes and Dislikes

Please circle your choices on a scale of 1-5.

1 = prefer not to eat it	2 = indifferent	3 = like it	4 = love it	5 = very love it
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What cuisines do you like or dislike? Make sure to list any others that you especially like or dislike.

Cuisines					
New American	1	2	3	4	5
Mexican	1	2	3	4	5
Thai	1	2	3	4	5
French	1	2	3	4	5
Italian	1	2	3	4	5
Chinese	1	2	3	4	5
Japanese	1	2	3	4	5
Other (specify):					

What meats do you like or dislike? Make sure to list any others that you especially like or dislike.

Meats and Seafood					
Beef	1	2	3	4	5
Pork	1	2	3	4	5
Chicken	1	2	3	4	5
Lamb	1	2	3	4	5
Shrimp	1	2	3	4	5
Tuna	1	2	3	4	5

Salmon	1	2	3	4	5
Other Shellfish	1	2	3	4	5
Other Fish	1	2	3	4	5
Sushi :	1	2	3	4	5
Sashimi :	1	2	3	4	5
Sushi Roll :	1	2	3	4	5
Other :					
Other :					
How do you like your beef prepared?	R	M	M	M	W
		R		W	

For poultry, do you prefer:

	Dark Meat		Skin		Bones in		Free Range
	White Meat		No Skin		Boneless		Commercial
	Both		Either		Either		Either

What (used in main dishes) vegetables do you like or dislike? Make sure to list any others that you especially like or dislike.

Fruits and Vegetables					
Cooked Onions	1	2	3	4	5
Raw Onions	1	2	3	4	5
Garlic (Little/Medium/Lots/Tons)	1	2	3	4	5
Mushrooms	1	2	3	4	5
Broccoli	1	2	3	4	5
Green Onions	1	2	3	4	5
Green/Red/Yellow bell peppers	1	2	3	4	5
Carrot	1	2	3	4	5
Zucchini	1	2	3	4	5
Cucumber	1	2	3	4	5
Avocado	1	2	3	4	5
Ginger	1	2	3	4	5
Other (specify)					

Are there any other flavors or foods that you like or dislike? Make sure to list any others that you especially like or dislike.

Other flavors or foods					
Curries	1	2	3	4	5
Any type of cheese (list to right)	1	2	3	4	5
Nuts	1	2	3	4	5
Other flavors or foods continued					
Soy Sauce	1	2	3	4	5
Fish Sauce (Thai or Vietnamese)	1	2	3	4	5
Mustard	1	2	3	4	5
Other (specify)					

Do you like spicy foods:

Bland	Mild	Medium	Hot
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Do you enjoy:		
Soups as a main dish (hot/cold/either)	Yes	No
Salads as a main dish? (hot/cold/either)	Yes	No
Pastas as a main dish? (hot/cold/either)	Yes	No

Would you like meals prepared for you to cook on your barbecue?	Yes	No
Would you like recipes that are completely prepped and labeled and that you can quickly prepare yourself (for instance, stir-fries or baked fish)?	Yes	No
Would you prefer that we leave dry rice and dry or fresh pastas for you to cook as accompaniments to your entrees? or Would you prefer that we cook and package them along with your entrées?	Dry	Cooked
Do you like to eat breads or rolls with your entrees? If yes, what are your favorites?	Yes	No
Do you like to eat tossed salads with entrees? If yes, what are your favorite salad vegetables and dressings?	Yes	No
List any favorite entrees that we can prepare for you:		

Sensitivities and Allergies

Are you sensitive to?		
Garlic	Yes	No
Onions	Yes	No
Wheat (Gluten)	Yes	No
Other (specify):		
Are you lactose intolerant?	Yes	No
Are you allergic to anything?	Yes	No
May we cook with wine and/or liquors?	Yes	No
May we cook with any alcoholic substances?	Yes	No

Special Dietary Requests

The following questions will help us tailor your meals to fit any special dietary requirements or health concerns that you may have.

Would you like a heart-healthy meal plan?	Yes	No
Do you need a diet with:		
Light Salt	Yes	No
No Salt	Yes	No
Low Fat	Yes	No
No Fat	Yes	No
Low Cholesterol	Yes	No
Low Sugar	Yes	No
No Sugar	Yes	No
Would you like a low-calorie meal plan?	Yes	No

Are there any other dietary requirements or concerns that need to be addressed? (If yes, please specify):	Yes	No
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Kitchen Amenities

Do you have a microwave oven?	Yes	No
Do you have a gas or electric stove?	Yes	No
Are all burners functioning?	Yes	No
Is your oven functioning and accurate?	Yes	No
May we see your freezer?	Yes	No
Do you have an additional freezer?	Yes	No

Meal Packaging

How would you prefer your entrees packaged?

<input type="checkbox"/>	Individual	<input type="checkbox"/>	For Two	<input type="checkbox"/>	Family Style
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What type of storage containers would you prefer:

<input type="checkbox"/>	Re-usable plastic freezer containers	<input type="checkbox"/>	Disposable aluminum containers
<input type="checkbox"/>	Disposable plastic freezer containers	<input type="checkbox"/>	Ziploc freezer bags
Other (specify):			

Other

Will anyone be home while we are cooking?	Yes	No
Are there any security arrangements necessary for us to be able to enter your home to cook for you? If yes, please explain:	Yes	No
List other comments or concerns:		

How did you hear about us?

<input type="checkbox"/>	Family or friend	<input type="checkbox"/>	Brochure or flyer	<input type="checkbox"/>	Web search
<input type="checkbox"/>	USPCA Web Link	<input type="checkbox"/>	Other (specify):		

Emergency Numbers:

Office:
Cell Phone:
Pager: