



For more information, please contact

Chef ShaVonne via email

Shavonne@EdibleEndeavors.com

Or call

678.607.6116

Client's Name: _____ Primary Contact #: _____

Alternate #: _____ Email: _____

Address: _____ City, State, Zip: _____

Best cooking days for you: M T W Th F Sat Sun

Special Conditions: Diabetic Vegetarian Low Carb Lactose Intol Low Fat

Food Allergies - Please List:

Please check all options that are acceptable for inclusion in your meals:

Soups & Stews	<input type="checkbox"/> as a main dish	<input type="checkbox"/> hot	<input type="checkbox"/> cold
Salads	<input type="checkbox"/> as a main dish	<input type="checkbox"/> hot	<input type="checkbox"/> cold
Pastas	<input type="checkbox"/> as a main dish	<input type="checkbox"/> hot	<input type="checkbox"/> cold

Beef	<input type="checkbox"/> ground	<input type="checkbox"/> ribs	<input type="checkbox"/> roast	<input type="checkbox"/> steak	<input type="checkbox"/> oxtails
Pork	<input type="checkbox"/> bacon	<input type="checkbox"/> ground	<input type="checkbox"/> chops	<input type="checkbox"/> roast	<input type="checkbox"/> ribs
Lamb	<input type="checkbox"/> ground	<input type="checkbox"/> stew	<input type="checkbox"/> chops	<input type="checkbox"/> shoulder	
Chicken	<input type="checkbox"/> dark	<input type="checkbox"/> white	<input type="checkbox"/> ground		
Turkey	<input type="checkbox"/> legs	<input type="checkbox"/> wings	<input type="checkbox"/> ground	<input type="checkbox"/> breast	
Shellfish	<input type="checkbox"/> crab	<input type="checkbox"/> lobster	<input type="checkbox"/> shrimp	<input type="checkbox"/> scallops	<input type="checkbox"/> clams
Fish	<input type="checkbox"/> any undesired: _____				

Beans	<input type="checkbox"/> kidney	<input type="checkbox"/> lentils	<input type="checkbox"/> pintos	<input type="checkbox"/> black	<input type="checkbox"/> navy	<input type="checkbox"/> lima
Grains	<input type="checkbox"/> grits	<input type="checkbox"/> rice	<input type="checkbox"/> risotto	<input type="checkbox"/> couscous		
Nuts	<input type="checkbox"/> walnuts	<input type="checkbox"/> cashews	<input type="checkbox"/> almonds	<input type="checkbox"/> hazelnuts	<input type="checkbox"/> peanuts	<input type="checkbox"/> pecans
Cheese	<input type="checkbox"/> bleu	<input type="checkbox"/> feta	<input type="checkbox"/> cheddar	<input type="checkbox"/> goat	<input type="checkbox"/> white	<input type="checkbox"/> yellow
Eggs	<input type="checkbox"/>	Egg Substitute	<input type="checkbox"/>			

Alcohol in food: _____

Bread Preferences: _____

Food dislikes: _____

Food preferences: _____

Preferences for spicy foods: bland mild moderate Ohot

Herbs & spices you don't like: _____

Use of: garlic onions ginger other spices salt pepper

Like international cuisines? Thai Mexican Italian Indian
 Japanese Chinese Indian Jamaican

How do you want your meals packaged? Single 2 people 4+ person family

Do you have favorite recipes you would like prepared? Yes No

How do you currently manage dinner? Take Out? Delivery? Favorite Restaurants?

Any other information I should know?

Sample Vegetable List: **Please strike through those you don't like.**

acorn squash	artichokes	asparagus	avocados	bean sprouts
beets	bell peppers	bok choy	broccoli	brussels sprouts
cabbage	carrots	cauliflower	celery	corn
cucumbers	edamame	eggplant	fennel	green beans
greens	kale	lettuce	lima beans	mushrooms
okra	onions/leeks	parsnips	peas	potatoes
snow peas	spinach	sugar snap peas	sweet potatoes	swiss chard
tomatoes	turnips	yellow squash	zucchini	

Others: _____
