

## **Aubree Silver Holistic Home Cookin' New Client Questionnaire**

Name:

Address:

Best Phone:

E-mail:

How many in your family? Please provide names and ages too.

Do you follow any particular type of diet (i.e. Paleo, Gluten-Free, Vegetarian, etc.)? If yes, please explain:

Do you or anyone in your family have any food allergies or intolerances? If yes, please explain:

Do you or does anyone in your family have any medical issues I should be aware of? \*Please note, I am not a licensed nutritionist, dietician, or health practitioner of any kind. This information is purely to help me understand your diet and your health goals.

Are there any foods that you/your family members particularly dislike?

What about favorite foods or meals?

Do you have sealable, freezable containers to store meals? If not, are you willing to purchase what is needed?

Do you have or are willing to make fridge/freezer space to accommodate meals?

Where do you fall on the spicy scale? Bland, mild, medium, spicy, extra hot?

Do you prefer to use only all natural, organic, and/or local ingredients in your meals?

Where do you prefer the majority of your grocery items to come from? Understand that some items may be considered specialty and must be purchased at specialty stores.

Anything else I should know?