



REV: 01 2020

# Organic Soup Kitchen Client Intake Form

\_\_\_ Mr \_\_\_ Mrs \_\_\_ Miss \_\_\_ Ms \_\_\_ No Salutation Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Contact: \_\_\_\_\_ Newsletter: \_\_\_ Yes \_\_\_ No

Referred By: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Ethnicity: \_\_\_\_\_

Senior Citizen: \_\_\_ Yes \_\_\_ No (Born 1955 or earlier 65+) Annual Income: \$\_\_\_\_\_

Veteran: \_\_\_ Yes \_\_\_ No Where did you serve? \_\_\_\_\_

Cancer Patient: \_\_\_ Yes \_\_\_ No Type of Cancer: \_\_\_\_\_

Other Illness: \_\_\_\_\_

Dietary Restrictions: \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chemo: \_\_\_ Yes \_\_\_ No \_\_\_ Past \_\_\_ Currently Radiation: \_\_\_ Yes \_\_\_ No \_\_\_ Past \_\_\_

Other Treatment: \_\_\_\_\_

Disease or Condition: \_\_\_\_\_

Appetite Level: \_\_\_\_\_ Daily Calorie Intake: (if Known) \_\_\_\_\_

Doctor Recommended Daily Caloric Intake: (if Known) \_\_\_\_\_ Energy Level: \_\_\_\_\_

Ability to Swallow (Dysphagia) Level: \_\_\_\_\_

Food Allergies/Do Not Like: \_\_\_\_\_



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Ability to Pay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not Able to Pay Now, but ask me again (when): \_\_\_\_\_

\_\_\_ Weekly                      How Much \$ \_\_\_\_\_  
\_\_\_ Every Other Week      How Much \$ \_\_\_\_\_  
\_\_\_ Monthly                    How Much \$ \_\_\_\_\_

\_\_\_ Cash  
\_\_\_ Check  
\_\_\_ Credit/Debit Card #: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_ Code: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Soup Delivery Start Date: \_\_\_\_\_ Delivery Route: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pets: \_\_\_ Yes \_\_\_ No Friendly: \_\_\_ Yes \_\_\_ No If yes, how many? \_\_\_\_\_ Names: \_\_\_\_\_

Security Gate: \_\_\_ Yes \_\_\_ No Security Code: \_\_\_\_\_

Containers of Soup: \_\_\_\_\_ Frequency: \_\_\_ Weekly \_\_\_ Other When: \_\_\_\_\_

Service Suspended Date: \_\_\_\_\_ By Whom: \_\_\_\_\_ Reason: \_\_\_\_\_