

ORDER FORM

To become a client of **Sandra Blackie** and **LIVING LEAN**, please complete the following information and e-mail it to livinglean.net. You may pay on-line with Visa, MasterCard and American Express or send a Money Order to LIVING LEAN, 2949 Garnet Ave., San Diego, CA 92109. Forms may also to be mailed to the above address.

NAME _____ DATE _____
ADDRESS _____

PHONE a) _____ b) _____
E-MAIL _____ BIRTH DATE. _____
HEIGHT _____ AGE _____ SEX _____

BODY COMPOSITION: Body Fat % _____ Fat Pounds _____ Fat Free Mass _____

(Please send 3 photographs of your physique in a swim suit FRONT, SIDE, & BACK.)

PLEASE INCLUDE A DIETARY JOURNAL TO DESCRIBE EXACTLY HOW YOU HAVE EATEN FOR 3 DAYS. PLEASE DO NOT CHANGE YOUR EATING HABITS AND GIVE AS MUCH HONEST DETAIL, AS POSSIBLE. (See example below)

<i>Meal 1</i>	<i>8 am</i>	<i>Oatmeal</i>	<i>1 cup cooked</i>	<i>- write calories (if possible)</i>
		<i>Milk 1%</i>	<i>_ cup</i>	<i>-include brand names</i>
		<i>Banana</i>	<i>1 medium</i>	<i>-measure the food</i>

PLEASE INCLUDE A WRITTEN DESCRIPTION OF YOUR CURRENT WEIGHT TRAINING PROGRAM.

The following multiple-choice questionnaire is geared towards obtaining lifestyle information from you to be able to create the best possible program for you. Please choose the answers that best describe your current exercise and dietary habits. You may choose more than one answer.

- 1) How would you describe your energy level overall?
 - a) low
 - b) high
 - c) fluctuates with radical highs and lows
 - d) medium except for a mid-afternoon lull
 - e) satisfactory most of the time

- 2) How many hours of sleep do you get per day?
 - a) under 6
 - b) 6-8 hours
 - c) 8 hours plus
 - d) can range from under 6 to over 8 hours.

- 3) How much pure water do you drink in the day?

- a) rarely drink water
 - b) 1-5 eight ounce glasses daily
 - c) 6-10 eight ounce glasses daily
 - d) 10 eight ounce glasses plus
- 4) What other fluids do you drink?
- a) coffee, tea and other beverages containing caffeine
 - b) regular sodas and other sugared drinks (Coke, Sprite, Snapple)
 - c) sports drinks (Carbo Power, Gatorade)
 - d) alcohol
 - e) milk and/or juice
- 5) What is your usual meal pattern?
- a) breakfast, lunch, dinner with snacks
 - b) breakfast, lunch, dinner, no snacks
 - c) no breakfast, lunch, dinner, occasional random snacking
 - d) 4-6 meals throughout the day (like bodybuilders)
 - e) no usual pattern
- 6) What do you flavor your food with?
- a) butter, margarine, gravies or other animal fats
 - b) unsaturated oils like olive oil, corn oil, etc...
 - c) fat free condiments like mustard, tabasco sauce, etc..
 - d) sweet flavors like jam, honey, or sugar
- 7) Do you smoke?
- a) no
 - b) heavy smoker
 - c) occasional cigarette or cigar
- 8) Are you using any drugs or prescription medications currently?
- a) anti-depressants
 - b) medication for high cholesterol or blood pressure
 - c) recreational drugs like marijuana, cocaine, ecstasy
 - d) steroids, growth hormone, or any other bodybuilder drug
 - e) pain medication (not over the counter)
 - f) other _____
- 9) How much alcohol do you drink per week?
- a) I do not drink
 - b) Very rare that I drink
 - c) 1-3 drinks per week
 - d) 4-8 drinks per week
 - e) daily, and more than 8 drinks per week

10) What kind of supplements do you take on a regular basis?

- a) a multi-vitamin & mineral supplement
- b) aminos acids
- c) creatine monohydrate
- d) pro-hormones (DHEA, Andro,..)
- e) others. Please list

11) How many times per week do you train with weights?

- a) I do not train with weights.
- b) I have trained in the past but I am not using weights currently.
- c) 2-3 times per week
- d) 4-5 times per week
- e) 6-7 times per week.

12) Please describe your weight training program. For example: a 3-Day split. Day 1: Chest, Shoulders, Triceps, Day 2: Quadriceps, Calves, & Hamstrings, Day 3: Back, Biceps, Abdominals. Reps.: 8-12, Sets per body part: Lg. Muscle groups: 10-12 sets Sm. Muscle groups: 6-8 sets.

13) How many cardio/aerobic sessions do you do per week?

- a) I don't do aerobic exercise.
- b) 1-2 times per week
- c) 3-4 times per week
- d) 5-7 times per week
- e) more than 7 times per week

14) What is the typical duration of each aerobic session?

- a) 15-25 minutes
- b) 30-45 minutes
- c) 50-60 minutes
- d) 1 hour or more in most sessions

15) What kind of exercise do you do on a weekly basis?

- a) outdoor activities (hiking, running, bicycling, etc...)
- b) gym aerobic equipment (treadmill, stairmaster, stationary bike etc...)
- c) recreational sports (tennis, basketball, softball, etc...)
- d) weight training

- e) aquatics (aqua fitness classes, swimming, surfing, etc...)
- f) other _____

16) What is your primary fitness goal?

- a) weight loss & healthy weight management
- b) change body composition (reduce body fat & increase muscle)
- c) improve health
- d) increase athletic performance. Explain _____

- e) get in “contest shape” for either a fitness or bodybuilding show

17) Do you have any particular muscle groups that you wish to build?

Please explain. _____

18) Do you have any allergies to food, injuries, or illnesses? _____

Please explain. _____

19) Are there any diseases in your family that are chronic, hereditary or genetic? (alcoholism, high blood pressure, diabetes) _____

Please explain. _____

20) Would you care to add any information about yourself? _____

