



MACROS & MEAL PLANS

NAME: _____ DATE: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____

SPECIFY YOUR ****CONSISTENT**** ACTIVITY LEVEL PER WEEK:

- SEDENTARY X1-2 EXERCISE PER WEEK X3 PER WEEK
 X4 PER WEEK X6 PER WEEK X7 PER WEEK

SPECIFY YOUR FAT LOSS INTENSITY PREFERENCE:

- NONE (MAINTENANCE) CAUTIOUS MODERATE
 AGGRESSIVE

SPECIFY DIETARY PREFERENCES:

- MODERATION OF BOTH FAT & CARBS
 CARB HEAVY/LOW FAT
 FAT HEAVY/LOW CARB

FAVE PROTEIN PREFERENCES (CHECK ALL THAT APPLY, & WRITE DOWN ANY ADDITIONAL ITEMS THAT MAY NOT BE LISTED):

- BEEF CHICKEN FISH CHEESE
 YOGURT BEEF JERKY TOFU EGG/EGG WHITES
 TURKEY PORK COTTAGE CHEESE

PROTEIN POWDERS/PROTEIN DRINKS/PROTEIN BARS: SPECIFY HERE _____

ANY OTHER SPECIFIC LIKES: _____

FAVE CARBOHYDRATE PREFERENCES (CHECK ALL THAT APPLY, & WRITE DOWN ANY ADDITIONAL ITEMS THAT MAY NOT BE LISTED):

- VEGETABLES POTATOES (WHITE OR SWEET) OATS
 CORN RICE (WHITE OR BROWN) BEANS
 CEREAL BREAD (WHITE OR WHEAT) BERRIES
 FRUIT PANCAKES/WAFFLES MILK/YOGURT

ANY OTHER SPECIFIC LIKES: _____

FAVE FAT PREFERENCES (CHECK ALL THAT APPLY, & WRITE DOWN ANY ADDITIONAL ITEMS THAT MAY NOT BE LISTED):

- EGGS BACON AVOCADO COTTAGE CHEESE
 NUT/PEANUT BUTTER OIL BUTTER OLIVES

ANY OTHER SPECIFIC LIKES: _____

**LIST ANY SPECIFIC
DISLIKES:** _____

**WOULD YOU LIKE TO INCORPORATE ANY "TREATS" INTO YOUR MEAL
PLAN?** (ICE CREAM, WINE, COOKIE, CHOCOLATE ECT.) PLEASE LIST
BRANDS, SPECIFICS, OR ITEMS:

CHECK YOUR PREFERED LEVEL OF COOKING/FOOD PREPERATION:

I WANT EASY AS POSSIBLE (PREMADE/PACKAGED/CANNED/SINGLE
SERVING ITEMS, READY TO GO, ON THE GO, MINIMAL TIME FOR PREP)

I WOULD LIKE TO USE MORE FRESH INGREDIENTS, AND I HAVE THE
TIME TO WEIGH, MEASURE AND PREPARE DISHES WITH A HANDFUL OF
INGREDIENTS.

I AM NOT AFRAID OF SPENDING TIME IN THE KITCHEN/MORE
INGREDIENTS TO PREPARE/ I HAVE THE TIME FOR EXTENSIVE FOOD
PREP.

PLEASE LIST YOUR PREFERED GROCERY STORES OF CHOICE:

PLEASE SPECIFY THE NUMBER OF MEALS AND SNACKS YOU WOULD PREFER EACH DAY (EXAMPLE: 3 MEALS + 2 SNACKS):

PLEASE CHECK THE NUMBER OF DAYS YOU'D LIKE YOUR MEAL PLAN TO INCLUDE:

3 DAY MEAL PLAN 5 DAY MEAL PLAN 7 DAY MEAL PLAN

PLEASE CHECK YOU FAVE FOOD STYLES/TYPES:

AMERICAN MEXICAN ASIAN ITALIAN

PLEASE LIST ANOTHER HELPFUL INFORMATION:

LIABILITY RELEASE: BY FILLING OUT QUESTIONARE & PURCHASING A MEAL PLAN FROM LINDSAY SIMPSON/FITNESS WITH LINDSAY LLC, I ACCEPT ALL RESPONSIBILITY AND LIABILITY PERSONALLY. I UNDERSTAND THAT LINDSAY SIMPSON/FITNESS WITH LINDSAY LLC IS NOT A REGISTERED DIETICIN/MEDICAL PROFESSIONAL AND AM USING CONTENT AND SERVICES AT MY OWN RISK AS THESE ARE SUGGESTIONS AND NOT PRESCRIBED. I TAKE PERSONAL RESPONSIBILITY AND LIABILITY FOR MY OWN PERSON AND HEALTH AND RELEASE LINDSAY SIMPSON/FITNESS WITH LINDSAY OF ANY LEGAL ACTION/SLANDER OR OTHERWISE FROM ALL PURCHASED SERVICES OR CONTENT, BOTH NOW AND IN THE FUTURE, MY SIGNATURE BELOW IS LEGALLY BINDING.

SIGNATURE _____ DATE _____

