



WELCOME TO METABOLIC365

NOW YOU ARE WONDERING "WHAT'S NEXT?!"

Step 1: Make payment via PayPal for your program.

Your first month Includes: custom meal plan, training program & recommended natural supplements with a special member discount code. (Additional months are \$89.99, this can be purchased after your first month if you wish to receive further updates and more training routines)

Step 2: Fill out the attached questionnaire & send back to: deanxtremebrandt@gmail.com

Step 3: You will receive your program via email in approx. 48-72 hours depending on work load.

Step 4: Ask questions! Online support for questions & instructions is very important to ensure you get the most out of the Metabolic365 online program.

Step 5:

Out of town clients: Send in progress pics with feedback after 2 weeks on your program.

Local Clients: Contact me to arrange a time to come in for fat testing & feedback.

Make sure to:

- **Follow** Ripped365 on Facebook
- **Sign-up** for the monthly newsletter on www.Metabolic365.com
- **Follow** my other social media feeds for tips, latest news & Training video's.
IG: @DeanBrandt365 / SnapChat: DeanBrandt
- **Subscribe** on YouTube: <https://www.youtube.com/user/TheXtremePromotions>
For training videos and exercise instructions.

CONCEIVE, BELIEVE, ACHIEVE

Disclaimer:

All information presented within this Program by Dean Brandt, BodyByBrandt, Metabolic365 and with any of our programs is intended for educational purposes only. Any health, diet or exercise advice is not intended as medical diagnosis or treatment. If you think you have any type of medical condition or injury you must seek professional advice even if you believe it may be due to diet, food, or exercise. Dean Brandt and BodyByBrandt is not a medical institute and therefore none of its owners or staff will give any diagnosis or medical advice. This program is for the purchaser only. No posting on social media, and or no forwarding is permitted. By using any of our programs, you agree to our terms.

QUESTIONNAIRE

Please fill in as much info as possible.

This will greatly help me to customize your program better

Full Name:

Age:

Height:

Current Weight:

FOOD LOG

A Typical day of your eating consists of: (include breakfast, lunch, dinner & snacks)

Number of meals in a Typical Day?

Number of Snacks in a Typical Day?

Time of First meal of the Day?

Time of Pre-workout meal?

Time of Post-workout meal?

Time of Last Meal of day?

Any Food Allergies?

Any Other Food Restrictions?

Please Circle Any Special Requests You Would Like To incorporate in this Meal Plan:
Vegan, Vegetarian, Gluten Free, Peanut Sensitivity, Dairy Free, Celiac.

Other: Please Specify _____

VITAMINS & SUPPLEMENTS

List all Vitamins & Supplements you are currently taking:

QUESTIONNAIRE

Please fill in as much info as possible.

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MEDICATIONS

Are you taking any Prescription drugs or pharmaceutical products?

Training

List a typical week of your Training & Cardio activity:

How many Gym workouts on Average per week?

Amount of cardio time on Average per week?

Specific Type of Cardio?

Any yoga, boot camp, spin classes during the week?

Other activities such as Hiking, biking or running?

List your typical body parts you train together?

INJURIES & CONCERNS:

Any Injuries that prevent you from certain exercises?



QUESTIONNAIRE

Please fill in as much info as possible.

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GOALS

What are you looking to get from this program?

Fat-loss, increase strength, or sports performance?

Increase Lean Muscle Mass?

Is losing weight your primary focus on this plan?

Will you be using this program to get in shape before 12 Week Contest prep?

Do you have a desire to compete in the future?

If So What Class _____

Any Injuries that prevent you from certain exercises?

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