↑ 6475 E. Pacific Coast Hwy, Unit 1006, Long Beach, CA 90803 La Biz Cell: 562-682-7290 toniamoorefitness@gmail.com	
Full Name:	
Phone #:	
City, State:	
Email Address:	
Age:	
Height:	
Current Weight:	
• HEALTH & MEDICAL HISTORY	
Do you have any current or past health conditions I should know about?	
Are you on any medications?	
Have you had any injuries or surgeries? If so, please describe.	
Any known allergies to foods, supplements, etc.?	
Do you use tobacco or alcohol? If so, how much/how often?	
LIFESTYLE SNAPSHOT	
Occupation:	
How physical is your work?  ☐ Mostly Sitting ☐ Moderately Physical ☐ Highly Physical	
Rate your daily stress (1-10):	
Top 3 sources of stress right now:	
1.	
2.	
3.	

What's your daily activity level?  ☐ Very Active ☐ Somewhat Active ☐ Moderately Active ☐ Low Activity
Average hours of sleep per night:
Do you currently follow any workout or fitness regimen? If yes, what and how often?
Do you travel often or have an unpredictable schedule?  ☐ Yes ☐ No
• NUTRITION & HABITS
Do you prep your meals, eat out often, follow a specific eating style?
Any dietary restrictions, preferences, or food sensitivities?
On average, how many meals per day do you eat?
Do you use any supplements currently? If so, which ones?
• GOALS & MOTIVATION
What brought you here to Tonia Moore Fitness?
What specific results do you want to see? (How you want to look, feel, perform, etc.)
What was the weight or shape you last felt your best?
Where would you like to see yourself in 3 to 6 months?
What have you tried in the past to reach your fitness goals?  What worked? What didn't?

Why do you think you haven't achieved your goals yet? Be honest — this helps me he you.
How has your current condition (weight, energy, confidence, etc.) affected other areas your life? (Think: relationships, mental health, job performance, self-esteem.)
If nothing changes in the next 6-12 months, how would that make you feel?
What's your deeper "WHY" for being here today? What drove you to reach out and say "It's time"?
COMMITMENT & COACHABILITY
On a scale of 1–10, how serious are you about making a change?
On a scale of 1–10, how coachable are you?  (10 = "Tell me what to do and I'll do it!")
How do you typically respond when things get tough or you hit a setback?
Who in your life supports you on this journey? Anyone who may hold you back?
How many hours per week are you willing to dedicate to training, nutrition, and recove

• INVESTMENT & READINESS
Have you worked with a personal trainer or coach before? If yes, when and for how long?
What types of investments have you made into your health in the past? (Gym memberships, trainers, supplements, fitness apps, etc.)
If we determine this is a great fit and I can help you reach your goals, are you ready to commit and invest in yourself today?  ☐ Yes ☐ Possibly ☐ Not at this time
• FINAL THOUGHTS
Is there anything else you'd like me to know about you?
Any questions or concerns before we move forward?