

## Client Intake Form

### Contact Information:

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

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

Is it okay to leave a message at this phone number? \_\_\_\_ Yes \_\_\_\_ No

Email Address: \_\_\_\_\_

Do you prefer contact via: \_\_\_\_ Phone call \_\_\_\_ Text \_\_\_\_ E-mail

Date of Birth and Age: \_\_/\_\_/\_\_ (\_\_\_\_)

Student state/Occupation: \_\_\_\_\_

Contact Person in case of emergency: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Referring physician or other professional: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Coach's Name? \_\_\_\_\_

Does your coach know you are working with a sport psychiatrist/psychologist or other mental performance specialist? \_\_\_\_ Yes \_\_\_\_ No

Have you worked with a mental performance specialist/sport psychologist or sport psychiatrist previously? \_\_\_\_ Yes \_\_\_\_ No

If yes, please check all that apply:

Individually \_\_\_\_ Team \_\_\_\_ One-time session or seminar \_\_\_\_

Topic(s) addressed: \_\_\_\_\_

What did you find most helpful?

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What are you hoping to accomplish by meeting with a mental performance specialist?

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**Competitive Schedule:**

Please take time to outline your upcoming competitive schedule. Please write the dates of the competition, the location, and rank the importance (where "1" = extremely important and "5" = not that important).

<b>Dates</b>	<b>Location</b>	<b>Importance</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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**Practice Schedule:**

Please take time to tell me about your weekly practice schedule. Please discuss when you usually practice, as well as when you do anything else related to your sport on a consistent basis (ex strength training).

<b>Day of Week</b>	<b>Time</b>	<b>Location</b>	<b>Timeframe (dates)</b>
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List any relevant past or present physical concerns (high blood pressure, headaches, injuries, etc):

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What medications are you taking at present, including vitamins and nutritional supplements, and for what purpose?

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Who prescribed the above medications?

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On average how many hours of sleep do you get daily? \_\_\_\_\_

Do you have problems sleeping? \_\_\_ Yes \_\_\_ No (if yes, please describe):

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Are you on any specific diet (ex lactose free, gluten free, high protein, etc)? \_\_\_ Yes \_\_\_ No

If yes, please describe:

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Have you gained/lost over 10 pounds in the past year? \_\_\_ Yes \_\_\_ No ( \_\_\_ gained \_\_\_ lost)

If yes, was the gain/loss on purpose? \_\_\_ Yes \_\_\_ No

If known, how did the weight change occur?

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Describe your appetite (during the past 2-3 weeks):

\_\_\_ poor appetite \_\_\_ average appetite \_\_\_ large appetite

Describe your energy level (during the past 2-3 weeks):

\_\_\_ low energy \_\_\_ moderate energy \_\_\_ high energy

**Symptoms and Behaviors**

\_\_\_ physical problems

\_\_\_ sexual assault/rape

\_\_\_ recurring thoughts

\_\_\_ relationship problems

\_\_\_ sexual abuse history

\_\_\_ sexual identity/orientation

\_\_\_ shyness around people

\_\_\_ aggression

\_\_\_ alcohol use

\_\_\_ anger

\_\_\_ anxiety

\_\_\_ avoiding people

\_\_\_ athletic performance

\_\_\_ career/academic difficulties

\_\_\_ concentration problems

\_\_\_ coping with prejudice

\_\_\_ depression

\_\_\_ drug use

\_\_\_ eating issues

\_\_\_ racial/ethnic identity

\_\_\_ elevated mood

\_\_\_ family problems

\_\_\_ fatigue

\_\_\_ friendship problems

\_\_\_ sexual performance

\_\_\_ pornography addiction

Please rank order the top 5 symptoms checked above by priority and severity:

(#1 = most pressing concern, #2 = moderately pressing concern, etc)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Is there any additional information you believe would be helpful for me to know (ex traumatic events, prior experience with counseling, family history of mental illness, etc)?

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## About You

What is your favorite book?

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What is your favorite type of music? Do you have a favorite musician or band?

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What is your personal philosophy?

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What is your first sport memory?

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What do you love about your sport?

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Who inspires you? Why?

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What has your sport taught you about life?

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What are some of your goals for this year?

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What are some of your long-term goals?

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