

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?

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

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).

Dates	Location	Importance
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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).

Day of Week	Time	Location	Timeframe (dates)
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

List any relevant past or present physical concerns (high blood pressure, headaches, injuries, etc):

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

Who prescribed the above medications?

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

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

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

If yes, please describe:

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?

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

___ bullying

___ 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

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)?

About You

What is your favorite book?

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

What is your personal philosophy?

What is your first sport memory?

What do you love about your sport?

Who inspires you? Why?

What has your sport taught you about life?

What are some of your goals for this year?

What are some of your long-term goals?
