



### Athlete Intake Form

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

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

**General Information:**

Date of birth: \_\_\_\_\_

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

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

Is it okay to send a text at this number?     Yes     No

E-mail: \_\_\_\_\_

Is it okay to send an e-mail to this account?     Yes     No

**Sport Information:**

What is your current scholarship status?     Full     Partial     None

Has your scholarship status changed in the past year?     Yes     No

If yes, please explain: \_\_\_\_\_

What are your goals for this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you worked with a sport psychologist in the past?     Yes     No

If yes, check **ALL** that apply:     Individually     Team session     One-time seminar

What information would you like shared with your coach? \_\_\_\_\_

\_\_\_\_\_

**Student Information:**

Major: \_\_\_\_\_

Expected graduation: \_\_\_\_\_

Have you ever transferred universities?     Yes     No

Current credit hour load: \_\_\_\_\_

**Medical Information:**

Do you suffer from any chronic illness?     Yes     No

If yes, please explain: \_\_\_\_\_

List any medications you are currently taking (including nutritional supplements):

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**Symptoms/Behaviors:**

Sometimes other areas of your life can impact sport performance. Take a moment to review the following symptoms/behaviors and check **ALL** items that currently concern you:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> academic performance      | <input type="checkbox"/> family problems                | <input type="checkbox"/> panic attacks                    |
| <input type="checkbox"/> aggression                | <input type="checkbox"/> fatigue                        | <input type="checkbox"/> phobias/fears                    |
| <input type="checkbox"/> alcohol use               | <input type="checkbox"/> gambling problem               | <input type="checkbox"/> physical issues (injuries, etc.) |
| <input type="checkbox"/> anger                     | <input type="checkbox"/> grief/loss                     | <input type="checkbox"/> pornography addiction            |
| <input type="checkbox"/> anxiety                   | <input type="checkbox"/> hallucinations                 | <input type="checkbox"/> relationship problems            |
| <input type="checkbox"/> athletic performance      | <input type="checkbox"/> hopelessness                   | <input type="checkbox"/> sexual abuse history             |
| <input type="checkbox"/> body weight               | <input type="checkbox"/> hurting myself (cutting, etc.) | <input type="checkbox"/> sexual assault/rape              |
| <input type="checkbox"/> career/academic decisions | <input type="checkbox"/> impulsiveness                  | <input type="checkbox"/> sexual identity/orientation      |
| <input type="checkbox"/> concentration problems    | <input type="checkbox"/> irritability                   | <input type="checkbox"/> shyness around people            |
| <input type="checkbox"/> coping with prejudice     | <input type="checkbox"/> legal problems                 | <input type="checkbox"/> sleeping problems                |
| <input type="checkbox"/> depression                | <input type="checkbox"/> loneliness                     | <input type="checkbox"/> spiritual/religious concerns     |
| <input type="checkbox"/> drug use                  | <input type="checkbox"/> low self-esteem                | <input type="checkbox"/> suicidal thoughts                |
| <input type="checkbox"/> eating issues             | <input type="checkbox"/> memory impairment              | <input type="checkbox"/> other (please specify below):    |
| <input type="checkbox"/> energy issues             | <input type="checkbox"/> mood swings                    | _____   |
| <input type="checkbox"/> excessive worrying        | <input type="checkbox"/> negative body image            | _____   |
| <input type="checkbox"/> racial/ethnic identity    | <input type="checkbox"/> negative thinking              |   |

**Self-reflection:**

Who inspires you (and why)?

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What have you learned about yourself that helps you to be a successful athlete?

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What has your sport taught you about life?

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What do you love about your sport, no matter how bad things get?

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What would you say to a teammate who might be struggling with his/her sport?

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