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Cognitive Performance Expert

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**Athlete/Performer Intake Information**

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

Date: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

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

**Who Referred You to Sport Psychology?**

<input type="checkbox"/> myself	<input type="checkbox"/> family/spouse	<input type="checkbox"/> trainer
<input type="checkbox"/> friend	<input type="checkbox"/> saw/heard about it	<input type="checkbox"/> website
<input type="checkbox"/> teammate	<input type="checkbox"/> coach	<input type="checkbox"/> other: _____

**May I thank the person that gave you my name?**  Y  N

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Describe briefly your family and current primary relationships:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>How do you get along?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Sport Psychology History**

Have you ever included sport psychology into your sport preparation?  Y  N

Have you worked with a sport psychologist or psychologist before?  Y  N

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

**Please describe your background/experience in the sport of concern:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



### What Brings You in Now?

Please rate the **importance to you of learning about or working with** each of the following issues:

<u>N/A</u>	<u>Low</u>	<u>High</u>
Competition anxiety.....	0 .....	1..... 2.....3
Difficulty with training demands, overtraining.....	0 .....	1..... 2.....3
Difficulty with elite athlete lifestyle demands.....	0 .....	1..... 2.....3
Issues within team and/or with teammates.....	0 .....	1..... 2.....3
Communication difficulties.....	0 .....	1..... 2.....3
Motivation for sport, training.....	0 .....	1..... 2.....3
Performance slump.....	0 .....	1..... 2.....3
Media exposure.....	0 .....	1..... 2.....3
Difficulty with travel demands.....	0 .....	1..... 2.....3
Concentration training.....	0 .....	1..... 2.....3
Goal Setting training.....	0 .....	1..... 2.....3
Imagery, Visualization training.....	0 .....	1..... 2.....3
Relaxation training.....	0 .....	1..... 2.....3
Retirement from sport.....	0 .....	1..... 2.....3
Sport confidence.....	0 .....	1..... 2.....3
Schoolwork, grades.....	0 .....	1..... 2.....3
Procrastination, time management.....	0 .....	1..... 2.....3
Stress management.....	0 .....	1..... 2.....3
Decisions about major/career.....	0 .....	1..... 2.....3
Concern for welfare of another person.....	0 .....	1..... 2.....3
Relationship with teammate(s).....	0 .....	1..... 2.....3
Relationship with roommate(s).....	0 .....	1..... 2.....3
Relationship with coach(es).....	0 .....	1..... 2.....3
Relationship with romantic partner.....	0 .....	1..... 2.....3
Relationship with parents, family.....	0 .....	1..... 2.....3
Gay/lesbian/bisexual issues.....	0 .....	1..... 2.....3
Shyness, being assertive.....	0 .....	1..... 2.....3
Self-esteem, self-confidence.....	0 .....	1..... 2.....3
Loneliness, homesickness.....	0 .....	1..... 2.....3
Feeling down, sad, depressed.....	0 .....	1..... 2.....3
Fears, worries, anxiety.....	0 .....	1..... 2.....3
Irritable, angry, hostile feelings.....	0 .....	1..... 2.....3
Injury, fear of injury.....	0 .....	1..... 2.....3
Chronic physical problem (e.g., asthma).....	0 .....	1..... 2.....3
Physical stress (headaches, stomach pains, muscle tension, etc.).....	0 .....	1..... 2.....3
Sleep difficulties.....	0 .....	1..... 2.....3
Eating/body image/weight issues.....	0 .....	1..... 2.....3
Problems with alcohol or other substances.....	0 .....	1..... 2.....3
Suicidal feelings or behavior.....	0 .....	1..... 2.....3

Please note below any additional concerns or areas of interest you would like to focus on:



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Please rate each of the following concerns as they apply to you at the **present time** on a scale of 1-5 (1 = not a problem/no concern; 3 = somewhat a concern/problem; 5 = very strong/severe concern). **Make the best estimate you can.** Circle your response.

Feelings of sadness, crying, being "down"	1	2	3	4	5
My mind feels like its racing	1	2	3	4	5
Unwanted thoughts in my mind	1	2	3	4	5
Sometimes I can't control what I do	1	2	3	4	5
Sleep problems	1	2	3	4	5
Feeling worthless	1	2	3	4	5
Problems with anger/temper	1	2	3	4	5
Feeling like things aren't real	1	2	3	4	5
Problems with my eating	1	2	3	4	5
There are things too painful to talk about	2	3	4	5	
Concerns about my sexuality	1	2	3	4	5
Use of alcohol and/or drugs	1	2	3	4	5
Doing things over and over	1	2	3	4	5
Seeing or hearing things that others don't	1	2	3	4	5
Feeling anxious/nervous	1	2	3	4	5
Being close to people	1	2	3	4	5
Spiritual concerns	1	2	3	4	5
Pain and/or health concerns	1	2	3	4	5

**Have you sustained any injuries in your sport(s)? Y or N**

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**Are you currently taking any medications or are you under any other type of treatment? Y or N**

Medication/Treatment   Dates

Prescribing Physician

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**Have you ever been hospitalized for mental health reasons? Y or N**

If so please provide the following information to the best of your ability:

Hospital Name   Dates                      Reason    Medications prescribed

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### Confidentiality Statement

Information about you, including professional records that are required by the laws of (State) and the standards of my profession, will be kept strictly confidential. Please be aware of the following exceptions to the law:

1. If you present a danger to yourself or others, I have a legal requirement to help keep you safe and a duty to warn potential victims.
2. If you identify any known or suspected abuse of a child, an elder, or person with a disability, I am required by law to report such abuse to the appropriate state agency.
3. If ordered by a judge in a court of law, I am required to provide access to your records; however, I would first assert legal privilege in an effort to protect your confidentiality.

Further information regarding the protection of your confidentiality is found in the HIPPA compliance form.

Please ask any questions necessary regarding the limits of confidentiality. If you no further questions, please sign below to indicate that you have read this statement as well as the HIPPA compliance form and understand the contents.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
(Sport Psychology Consultant Signature)



### Consent to Consultation

I have read and discussed both the Confidentiality Statement and the Notice of Sport Psychologist's Policies and Practices to Protect the Privacy of Your Health Information. I have been given a copy of the Notice. I have also discussed the Sport Psychology Consultation Information Sheet. I am willingly consenting to working with \_\_\_\_\_ under the parameters stated in those documents.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
(Sport Psychology Consultant Signature)

### Parental Release

There is research available that suggests a confidential relationship between the Sport Psychology Consultant and the client is paramount to developing trust and a good working partnership. However, in this case where a minor is involved, the parents have discretion over that the degree of confidentiality within the relationship. I agree \_\_\_\_ do not agree \_\_\_\_ to have (Sport Psychology Consultant Name) work with my son/daughter on issues related to performance enhancement. I agree \_\_\_\_ do not agree \_\_\_\_ that there will be a confidential relationship during the performance enhancement work and trust Dr. Cohen to inform me of any important developments as it relates to my son /daughter.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
(Sport Psychology Consultant Signature)

### Additional Issues that Need to be Addressed:

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