



Melanie Jambrosic, M.A., M.S.
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Background Information Form

DATE: _____

NAME: _____

Last, First, Middle

ADDRESS: _____

City, State, Zip Code

DATE OF BIRTH: _____ GENDER: _____ AGE: _____

ETHNIC/RACIAL BACKGROUND: _____

Additional aspects of your cultural identity you wish to share (e.g., sexual orientation, relationship status, religion, acculturation, ability status):

PHONE #: _____

Is it OK to leave text/voice messages (circle one)? Yes/No

EDUCATION: (Highest degree or years completed) _____

OCCUPATION TITLE: _____

EMPLOYER: _____

EMAIL: _____



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EMERGENCY CONTACT:

Name & Phone Number

PSYCHIATRIC HISTORY:

Have you, or anyone in your family ever had a psychiatric illness? If yes, please describe who and the diagnosis/diagnoses:

MEDICAL HISTORY:

Describe any serious mental conditions, injuries, or surgeries. Also, include dates:

I. SPORT/PERFORMANCE DOMAIN: _____

II. Previous Experience with sport and performance consulting or mental health care (please describe what type. Indicate what worked? What did not work?): _____



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III. Reasons for seeking consultation now:

- a) Mentality/emotional states/skills desired to be improved
- b) Concerns/issues to be addressed
- c) Why are you seeking coaching now at this time?

IV. Background for areas for improvement/growth or concerns

a) Areas for growth

- i. What goals do you have? _____

- ii. How will you know when you are there (what will you think like, act like, feel like)?

b) Concerns (if applicable)

- i. How long has this concern been an issue? _____

- ii. Can you explain any changes or significant events that coincided with the beginning of this issue? _____

- iii. What is the course of the issue (e.g., becoming more severe, cyclical, worse in the AM or PM, exacerbated during practice or competition)? _____



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iv. How pervasive is the issue (e.g., occurring in or affecting other areas)? _____

c) Strengths/resources

i. What are your strengths as a performer and as a person? _____

ii. How can you use the mentioned strengths to get to where you want to go? _____

iii. What resources do you have to support the above? _____

V. Details of sport/performance

a) When and how did you begin your involvement? _____

b) Why do you play? What about the performance are you passionate about? _____

c) When did you know you were good or talented? _____

d) What changed when you (or those around you) considered you talented? _____

e) How has your performance/career progression developed (e.g., early talent, late bloomer, discovered/specialized in performance area “late,” indoctrinated by parents early on)? _____

f) Describe your game/performance (strengths, areas for improvement, etc.)? _____



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- g) What is your role on the team/performance group? _____

- h) What are your aspirations in regard to your sport/performance? What do you hope to accomplish? _____

- i) What is your dream goal? _____

VI. Life outside of performance (school/work, hobbies, areas for growth, concerns, etc.): _____

VII. Significant Relationships/support (indicate current support/resources and describe the level of support for each, such as good, moderate, fair, n/a):

- a) Family of origin _____
 i. Parents _____
 ii. Siblings _____
- b) Friends _____
- c) Romantic relationship _____
- d) Teammates/fellow performers _____
- e) Coach/instructor _____
- f) Mentors _____
- g) Agent _____



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- h) Sport science/support _____
- i) Strength and conditioning _____
- j) Nutrition _____
- k) Massage _____
- l) Athletic trainer _____

VIII. Self-Care (For all of the below: Indicate how much? How often? Quality? Other specifics):

- a) Sleep/rest/recovery _____
- b) Fun and relaxing activities _____
- c) Nutrition _____
- d) Fitness/exercise/injuries

- e) Medications _____
- f) Substance use _____
- g) General mood/emotional state _____
- h) How would you rate general anxiety levels from 1-10 (10 being the highest) _____

Additional comments or extra space to explain answers: _____



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Any questions you would like answered by the consultation? _____

How did you find out about us? (Please circle)

a) Google Search b) Yelp Page c) Instagram d) Facebook e) LinkedIn f) Next Door

g) Friend or Family referral (please list name) _____

h) Website (without a search engine) i) Other (please indicate) _____