



PEAK PERFORMANCE CONCEPTS, LLC
TIM HARVEY, Ph.D., USPTA
202-251-2704

INFORMED CONSENT FOR MENTAL SKILLS TRAINING & CLIENT INTAKE INFORMATION

CLIENT INFORMATION:

First Name _____
Email Address _____
Mailing Address _____
Age _____

Last Name _____
Cell _____
City _____ State _____ Zip _____
Date of Birth _____

Primary Sport: _____
Current Sport Competency: Please circle one:

Years Competing in Sport _____
Recreational Athlete Elite Athlete Professional

CLIENTS UNDER 18 YEARS OLD:

Father's Name _____
City _____
Email _____

Father's Address _____
State _____ Zip _____
Cell _____

Mother's Name _____
City _____
Email _____

Mother's Address _____
State _____ Zip _____
Cell _____

Grade/Year in School _____

School _____

PERFORMANCE TEAM INFORMATION:

Primary Coach(es):

1. _____
2. _____
3. _____

Nutritionist:

1. _____



Other: (Please Identify Specialty)

1. _____

General Client Information:

Please circle, answer as necessary

Do you currently compete on a school team?.....	Yes	No
Do you currently compete on a club team?.....	Yes	No
Do you currently compete on a professional team?.....	Yes	No
Are you currently a "starter" if "yes" above?	Yes	No
If under 18, do you have hopes of playing collegiately?.....	Yes	No
Are you currently being recruited by a college or university?.....	Yes	No
Is anyone on your performance team aware that you are seeking the advice of a mental performance coach?.....	Yes	No
Do I have permission to discuss your sport performance? with that coach in an effort to improve your performance?	Yes	No
If "yes" would you like me to give you advance notice?.....	Yes	No
Are you also currently working with a clinical mental health? professional (psychologist/clinical social worker/psychiatrist) on non sport related issues?.....	Yes	No
If "yes" do I have permission to contact them regarding your performance work with me if we determine together it might assist your personal performance goals AND with prior permission?.....	Yes	No

Please tell me about significant injuries, if any, you have had that have affected your practice/performance in the last several years.

Are you still concerned about this injury even though you have
been informed it has "healed"?..... Yes No

What would you say is your typical energy level during practice the last few months? Please circle a
Choice: LOW ENERGY/FATIGUED AVERAGE ENERGY HIGH ENERGY

Although our sleep patterns vary from time to time, how many hours of sleep do you usually get?
Please circle: 5 HOURS or Less 7 HOURS or LESS 8 HOURS or MORE



Hypothetically, if you had an 8 am competition, what time would you try to get up? _____

What is your typical pre competition meal/snack? _____

What is your typical nutritional intake DURING competition? _____

If I asked you to daydream for a moment and “go to your happy place” (physical location) where would that be? For example: with my family at the beach, at the mountains, at a lake, etc. A place that makes you feel satisfied, happy, content, relaxed.

In your specific sport, is there someone whom you particularly admire/wish to emulate technically?

What’s your favorite personal sports memory in which you were a competitor?

What type of music would you choose to listen to if you needed to become more “energetic”?

What type of music would you choose to listen to if you needed help in relaxing or winding down?

Are there specific issues, goals that you wish to achieve, things that you notice about yourself pre-performance, during performance, or even after performance that may be having an impact on your current or future performances that we should be sure to chat about?



INFORMED CONSENT

General Information:

I /We give my/our permission for Tim Harvey, Ph.D. to apply his knowledge and experience in an effort to provide assistance in enhancing sport performance. This information will be specifically relevant to the role of mental skills training in sport. Skills/techniques which may be discussed include, but are not limited to, imagery and visualization, cognitive re-structuring of stressful and/or common anxiety enhancing performance experiences in practice and in competition, mistake management, initiation of routines in daily practice and performance situations, with proper consent and in coordination with your other coaches the ability to identify specific technical issues which, if addressed and corrected, may lead to improved performances via improved self-efficacy (confidence), usage of selected music to aid in the control of performance anxiety as well as establishing optimal performance activation/energy, usage of video in capturing athlete's optimal performance for visual imagery usage, goal setting, exposure to mindfulness training, and basic relaxation techniques.

Dr. Harvey is not clinically trained in the treatment of mental health issues and cannot provide mental health services and his expertise is solely limited in providing assistance in sport performance enhancement.

Confidentiality:

Sessions with adults* will remain confidential and will not be shared with the following exceptions:

1. Written permission from the client,
2. Client poses imminent threat of harm to self (serious and foreseeable harm),
3. Client poses imminent threat of harm to others (serious and foreseeable harm),
4. Suspected that a child, elder person, or person with disabilities is being abused, or neglected (serious and foreseeable harm).

*Sessions with minor children (under 18 years of age) are held with one (1) parent physically present unless specifically outlined by Dr. Harvey.

Potential Benefits of Services:

Successful performance and mental skills training can lead to technical corrections, improved performance, increased sport confidence, higher self-esteem, and a greater sense of self-efficacy. Success, however, does require an active interest and effort in improvement and a love of one's sport.



Informed Consent Signatures

I, _____, have read and understand the “Informed Consent for Mental Skills Training” provided by Dr. Harvey. I consent to the following:

To receive mental skills training from Dr Harvey,

Please sign _____ (parent and minor if applicable)

To allow Dr. Harvey to discuss my sessions with approved coaches and other professionals in an effort to enhance my sport performance. Specifically, I give permission for the following individuals, if any:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

Please sign _____ (parent and minor if applicable)

To allow Dr. Harvey to break confidentiality in the above-mentioned scenarios of harm to self, or harm to others, or suspicion of abuse or neglect of a child or elder or a person with disabilities. I understand consent is not legally required to reveal this information to the appropriate authorities.

Please sign _____ (parent and minor if applicable)

In addition, I understand the possible benefits of mental skills training and that I must be motivated to have an active interest in performance improvement within the sport in which I compete and seek assistance.

Please sign _____ (parent and minor if applicable)

I understand that Dr. Harvey does require a parent or guardian to be present for sessions for clients who are under 18 years of age.

Please sign _____ (parent and minor if applicable)

Client Printed Name _____ Client Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____