



Intake & Informed Consent

Contact Information:

Athlete Name: _____

Parent Name: _____ Phone: _____

Ok to text/leave a message? ____ Yes ____ No Email: _____

Date of Birth and Age: _____ (____)

Contact person in case of emergency (if other than parent): _____

Telephone #: _____ Relationship to athlete: _____

Has athlete worked with a mental skills trainer in the past? ____ Yes ____ No

What were the benefits? _____

What do you hope to get from meeting with a mental performance specialist?

Is there any additional information you believe would be helpful to share?

Athletic/Performance History

Briefly describe a typical week's training/conditioning: _____

What are the most important event(s) in your athletic career?

At what levels have you played sports (developmental, recreational, club, school, pro), and how long have you been playing? _____

What are your athletic goals? _____

What is the most positive experience you have had in sports?

What is the most negative experience you have had?

What do you love about your sport?

Who inspires you? Why?

What has your sport taught you about life?

Payment:

Sessions are \$150 per hour, or \$500 for 4 sessions if prepaid. If the 4 session package is chosen, any additional sessions will be billed at the lower rate of \$125 per hour. Many people get a strong mental skill base in 4 sessions and then come back for tune-up sessions, as needed. When 4 sessions are pre purchased additional sessions beyond that will be billed at the lower rate of \$125 per session. For continuity and for services to have the best results, it is preferable to use all 4 sessions within 4 months. It is our policy that after 6 months, unused sessions expire. We prefer to put a credit or debit card on file for payment, but also take cash and checks.

Consent for Treatment:

I _____ agree to consent to sport psychology services with Mind Right Sport Psychology. I understand that the services are provided are for the purpose of mental performance training and not professional counseling. If the need for professional counseling arises, this will be discussed with consenter and additional arrangements or referral will be made. Any treatment information or other personal information will be kept completely confidential. **Exceptions to client confidentiality** are suspected or reported abuse of minors or elderly people, imminent danger to oneself or others, or when otherwise legally required. Your records will not be shared without your explicit written consent or if required by law. You may withdraw your consent at any time.

Signature of Client (or Guardian if under 18)

Date