Mind Right Client Intake and Informed Consent

Contact Information:

Name: _____ Sport(s): _____

Phone: _____Okay to leave a message? Yes ☐ No ☐

Email Address: _____

Is it okay to send emails to you? Yes ☐ No ☐

Do you prefer contact via: Phone/Text ☐ E-mail ☐

Date of Birth and Age: _____ _____

Professional Athlete: Yes ☐ No ☐

College Athlete: Yes ☐ No ☐

School/club you play for: _____

Contact Person in case of emergency: _____

Telephone #:_____ Relationship to You: _____

Coach's Name: _____

Does your coach know you are working with a mental skills trainer? Yes ☐ No ☐

Have you worked with a mental skills trainer in the past? Yes ☐ No ☐

What are you hoping to accomplish by meeting with a mental performance specialist?

_____

_____

_____

Are you okay with me attending a practice/game? Yes ☐ No ☐

If yes, do you want me to notify you before I attend? Yes ☐ No ☐

Medical Information

At times, medical issues can impact sport performance. Please review the below questions and respond to any that you feel might be helpful for your work with a mental skills trainer

List any relevant past or present physical concerns:

_____

_____

What medications are you taking at present, including vitamins and nutritional supplements, and for what purpose?

_____

_____

On average how many hours of sleep do you get daily? _____

Do you have problems sleeping? ☐ Yes ☐ No (If Yes, describe):

_____

_____

Have you gained/lost over 10 pounds in the past year? ☐ Yes ☐ No (___gained ___lost)

If yes, was the gain/loss on purpose? ☐ Yes ☐ No

Describe your appetite (during the past 2-3 weeks): ☐ poor ☐ average ☐ large

Describe your energy level (during the past 2-3 weeks): ☐ low ☐ moderate ☐ high

Symptoms and Behaviors Sometimes other areas of your life can impact your sport performance. Take time to review the below symptoms and check each item that currently concerns you:

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

Is there any additional information you believe would be helpful to share (e.g., traumatic events, prior experience with counseling, family history of mental illness, etc.)?

_____

_____

_____

_____

Athletic/Performance History

Briefly describe a typical week's training/conditioning:

_____

_____

Highlights (so far) in your athletic career?

_____

_____

How long have you been playing your current sport? _____

At what levels have you played your current sport? (developmental, recreational, club, school)

_____

_____

What are your sporting goals?

_____

_____

Best and worst experiences you have ever had in your current sport?

Best: _____

Worst: _____

What do you love about your sport?

_____

_____

Who inspires you? Why?

_____

_____

Consent for Treatment:

I_____ agree to consent to session treatment (or my child's treatment) with Mind Right Performance. I understand that the services are provided are for the purpose of mental performance enhancement 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 cannot records be shared without your explicit written consent or if required by law. You may withdraw your consent at any time. Your typed signature below indicates that you have read the Informed Consent and agreed to its terms, and had any questions you might have answered.

_____ _____

Typed signature of Client (or Guardian if under 18) Date

Payments, late cancellation or no-show

Payment in full is expected at the time of service, or as agreed on between parties. I authorize Mind Right Performance to bill the credit card listed below for services provided as well as if I do not give 24 hour notice for cancellation or I no-show for my appointment. For packages, last minute cancellations and no-shows equal 1 session.

_____ _____

Typed Signature Date

Credit Card Information - Name on Card: _____

Card # _____ Exp. _____ Code: ____ Zip: _____

Return completed form to doctorj@mindrightsportpsychology.com