

Mental Skills/Performance Intake Form

Name: _____ Date: _____

Sport/Performance Area: _____ Birth date: _____

Hometown: _____ Race/Ethnicity: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent(s) Name: _____

Home Phone(s): _____ Cell Phone(s): _____

Email Address(es): _____

Do you go to:

1. School? Yes No If yes, where? _____ Year: _____

Major: _____

2. Work? Yes No If yes, where? _____

Job Title: _____

Who referred you to mental skills coaching?

Self Family Trainer Friend Teammate Coach

Saw/Heard About It. Where? _____ Other: _____

What is your living situation?

Alone With Spouse/Partner With Family With Roommates

History of mental side of sport experience

1. Have you ever included Mental Skills Training into your sport preparation? Yes No

2. Have you worked with a Mental Skills Coach before? Yes No

a. If yes, please explain:

What brings you in now? Please rate the importance to you of each of the following issues.

0 = "No Importance" to 3 = "Of Highest Importance"

What is your level of interest in working on this issue? Please **circle** your response.

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

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

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

3 = Somewhat a concern/problem

5 = Very strong/severe concern

Make the best estimate you can. Please circle your response.

Feelings of sadness, crying, being "down"	0	1	2	3	4	5
My mind feels like its racing	0	1	2	3	4	5
Unwanted thoughts in my mind	0	1	2	3	4	5
Sometimes I can't control what I do	0	1	2	3	4	5
Sleep problems	0	1	2	3	4	5
Feeling worthless	0	1	2	3	4	5
Problems with anger/temper	0	1	2	3	4	5
Feeling like things aren't real	0	1	2	3	4	5
Problems with my eating	0	1	2	3	4	5
There are things too painful to talk about	0	1	2	3	4	5
Concerns about my sexuality	0	1	2	3	4	5
Use of alcohol and/or drugs	0	1	2	3	4	5
Doing things over and over	0	1	2	3	4	5
Seeing or hearing things that others don't	0	1	2	3	4	5
Feeling anxious/nervous	0	1	2	3	4	5
Being close to people	0	1	2	3	4	5
Spiritual concerns	0	1	2	3	4	5
Pain and/or health concerns	0	1	2	3	4	5

Please describe your background in your sport/performance area and what's going on that you want to work on:

Do Not Sign Prior to the First Meeting. To be reviewed during the consultation appointment.

Parental Release:

There is research available that suggests a confidential relationship between the Mental Skills Coach Consultant and the client is paramount to developing trust and a good working partnership. However, in the case when a minor is involved, the parents have discretion over the degree of confidentiality within the relationship.

Please check the appropriate response then sign.

- I, the parent, agree do not agree to have Jeffrey Schumacher work with my son/daughter on issues related to performance enhancement.
- I, the parent, agree do not agree that there will be a confidential relationship during the performance enhancement work and trust Jeffrey Schumacher to inform me of any important developments as it relates to my son/daughter.

Parent Signature

Mental Skills Coach Consultant Signature

Financial Arrangements:

- I understand that payment is due at the time of service rendered to me or members of my family regardless of insurance coverage. _____ (initial/date)
- I understand that the fee payable for the initial intake session is \$_____. The fee for future sessions is \$_____.
- There will be a fee of \$50.00 for all no show appointments unless 25-hour notification is received. However, I will not be charged if I am forced to cancel late due to weather, illness or emergency.
- I understand that I am legally responsible for all fees due. In the event that collection fees are instituted for any fees owed by me to Jeffrey Schumacher, I agree to pay attorney's fees, collection fees and costs assumed.

Client/Parent Signature

Mental Skills Coach Consultant Signature