



ISW Client Intake and Informed Consent

Contact Information:

Name: _____ Sport: _____

Phone: _____

Is it okay to leave a message at this phone number? ____ Yes ____ No

Email Address: _____

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

Do you prefer contact via: ____ Phone ____ E-mail

Date of Birth and Age: _____ (_____)

Student status/Occupation:

Contact Person in case of emergency: _____

Telephone #: _____ Relationship to You: _____

Primary Care Physician: _____ Telephone#: _____

Coach's Name? _____

Does your coach know you are working with a sport psychologist (mental performance specialist)? ____ Yes ____ No

Have you worked with a sport psychologist (mental performance specialist) in the past?
____ Yes ____ No

If yes, please check all that apply: Individually ____ Team ____ One-time session or seminar ____

Topic (s):

What did you find most helpful?

What did you find least helpful?

What are you hoping to accomplish by meeting with a sport psychologist (mental performance specialist)?

Competitive Schedule:

Please take time to outline your upcoming competitive schedule. Please write the dates of the competition, the location, and rank the importance (where "1" = not that important, and "5" =extremely important).

Dates	Location	Importance (1 to 5)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Practice Schedule:

Please take time to tell me about your weekly practice schedule. Please discuss when you usually practice, as well as when you do anything else related to your sport on a consistent basis (e.g., strength training).

Day of Week	Time	Location	Timeframe (dates)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you okay with me attending a practice? ____ Yes ____ No

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

How did you hear about my services?

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 sport psychology consultant.

List any relevant past or present physical concerns (high blood pressure, headaches, etc.):

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

Who prescribed the above medications?

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 appetite ___average appetite ___large appetite

Describe your energy level (during the past 2-3 weeks):

___low energy ___moderate energy ___high energy

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 | ___ 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 |
| ___ panic attacks | ___ phobias/fears |

- ___ physical problems
- ___ recurring thoughts
- ___ sexual abuse history
- ___ sexual difficulties
- ___ shyness around people
- ___ alcohol use
- ___ anxiety
- ___ athletic performance
- ___ concentration problems
- ___ depression
- ___ eating issues
- ___ elevated mood
- ___ fatigue

- ___ pornography addiction
- ___ relationship problems
- ___ sexual assault/rape
- ___ sexual identity/orientation
- ___ aggression
- ___ anger
- ___ avoiding people
- ___ career/academic decisions
- ___ coping with prejudice
- ___ drug use
- ___ racial/ethnic identity
- ___ family problems

Please rank order the top 5 symptoms checked above by priority and severity:
 (#1 = most pressing concern, #2 = moderately pressing concern, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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

About You

What is your favorite book?

What is your favorite song or artist?

What is your favorite quotation?

What is your personal philosophy?

What is your first sport memory?

What do you love about your sport?

Who inspires you? Why?

What has your sport taught you about life?

CONSENT FOR TREATMENT:

Your signature below indicates that you have read the Informed Consent and agreed to its terms, had the opportunity to review the HIPAA Notice of Privacy Practices, and had any questions you might have answered.

Signature of Client (or Guardian if under 19)

Printed Name

Date

Provider Signature

PAYMENT FOR LATE CANCELLATION OR NO-SHOW

I authorize Infinite Sports World to bill the credit card below when I do not give 24 hour, advanced notice for a late cancellation or I no-show for my appointment. I understand that if I do not wish my credit card billed for this purpose, I am still responsible for paying these fees.

Signature Date

CREDIT CARD PAYMENT FOR PROFESSIONAL SERVICES

___ VISA ___ MC _____ Other

Name on Account (exactly as it appears on credit card)

Address (ONLY if different from the 1st page)

City ZIP Code

Credit Card Number Exp. Date

I authorize Infinite Sports World to bill the above credit card for professional services.

Signature Date