

THE PERFORMANCE ENHANCEMENT GROUP, INC.
INTAKE INFORMATION FORM

Athlete's/Client's Name: _____ Date: _____

Sport/Performance area: _____ D.O.B.: _____

Hometown: _____ Race/Ethnic background: _____

Address: _____

Parent's Name (s): _____

Phone number(s): _____ Cell _____

E-mail address: _____

Do you:

Go to school? ___Y ___N If yes, where? _____ Year _____

Major _____

Work? ___Y ___N If yes, where? _____

Job title _____

Who Referred You to Mental Skills Coaching?

___ myself ___ family ___ trainer
___ friend ___ saw/heard about it ___ other: _____
___ teammate ___ coach

Living Situation

___ alone ___ with family
___ with spouse/partner ___ with roommates

History of mental side of sport experience

Have you ever included Mental Skills Training into your sport preparation? ___Y ___N

Have you worked with a Mental Skills Coach before? ___Y ___N

If yes, please explain: _____

What Brings You in Now?

Please rate the importance to you of each of the following issues. 0="no problem" at all to 3="problem I want to work on"

Interest in learning about or working on this issue

	<u>N/A</u>	<u>Low</u>	<u>High</u>
Competition anxiety.....	0	1	2.....3
Difficulty with training demands, overtraining.....	0	1	2.....3
Difficulty with elite athlete lifestyle demands.....	0	1	2.....3
Issues within team and/or with teammates.....	0	1	2.....3
Communication difficulties.....	0	1	2.....3
Motivation for sport, training.....	0	1	2.....3
Performance slump.....	0	1	2.....3
Media exposure.....	0	1	2.....3
Difficulty with travel demands.....	0	1	2.....3
Concentration training.....	0	1	2.....3
Goal Setting training.....	0	1	2.....3
Imagery, Visualization training.....	0	1	2.....3
Relaxation training.....	0	1	2.....3
Retirement from sport.....	0	1	2.....3
Sport confidence.....	0	1	2.....3
Schoolwork, grades.....	0	1	2.....3
Procrastination, time management.....	0	1	2.....3
Stress management.....	0	1	2.....3
Decisions about major/career.....	0	1	2.....3
Concern for welfare of another person.....	0	1	2.....3
Relationship with teammate(s).....	0	1	2.....3
Relationship with roommate(s).....	0	1	2.....3
Relationship with coach(es).....	0	1	2.....3
Relationship with romantic partner.....	0	1	2.....3
Relationship with parents, family.....	0	1	2.....3
Gay/lesbian/bisexual issues.....	0	1	2.....3
Shyness, being assertive.....	0	1	2.....3
Self-esteem, self-confidence.....	0	1	2.....3
Loneliness, homesickness.....	0	1	2.....3
Feeling down, sad, depressed.....	0	1	2.....3
Fears, worries, anxiety.....	0	1	2.....3
Irritable, angry, hostile feelings.....	0	1	2.....3
Injury, fear of injury.....	0	1	2.....3
Chronic physical problem (e.g., asthma).....	0	1	2.....3
Physical stress (headaches, stomach pains, muscle tension, etc.).....	0	1	2.....3
Sleep difficulties.....	0	1	2.....3
Eating/body image/weight issues.....	0	1	2.....3
Problems with alcohol or other substances.....	0	1	2.....3
Suicidal feelings or behavior.....	0	1	2.....3

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

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/no concern; 3 = somewhat a concern/problem; 5 = very strong/severe concern). **Make the best estimate you can.** Circle your response.

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

Please describe your background in Baseball and what's going on that you want to work on

DO NOT SIGN THE FOLLOWING BEFORE THE FIRST MEETING

Expectations of client: I understand that mental skills are just like physical skills and they will require practice and patience on my part. I further understand that the development of a strong set of mental skills may not always follow the time frame I have in mind. Moreover, I understand that Dr. Betty C. Kelley will work hard and only for my good, but there can be no 100% guarantee that I will accomplish all of the goals I set out to reach. I will work to communicate my thoughts and feelings to Dr. Kelley so she will be best able to know in what direction we should place our efforts. I understand that holding back information, feedback, opinions, complaints, lack of understanding, wanting to ask “why”, and any other thoughts or feelings, may hinder Dr. Kelley’s ability to be effective, which may negatively effect what we are working to accomplish. I understand that Dr. Kelley is NOT a “mind reader” and unless I am willing to be open and honest, she will not be able to do her job as well as she can. I understand the “bottom-line” – the more I tell Dr. Kelley and the better we work together, the higher my chances are of reaching the goals we set. I know that Dr Kelley and I are in this consulting together, and we will both give our best. YES!!!

Client Signature

Mental Skills Coach Consultant Signature

Parental Release:

There is research available that suggests a confidential relationship between the Sport Psychologist and the client is paramount to developing trust and a good working partnership. However, in this case where a minor is involved, the parents have discretion over that the degree of confidentiality within the relationship. I agree _____ do not agree _____ to have Dr. Betty C. Kelley work with my son/daughter on issues related to performance enhancement. I agree _____ do not agree _____ that there will be a confidential relationship during the performance enhancement work and trust Dr. Kelley to inform me of any important developments as it relates to my son /daughter.

Parent Signature

Mental Skills Coach Signature

Financial Arrangements:

I understand that payment is due at time service is rendered to me or members of my family regardless of insurance coverage (Initial/Date)_____. I also understand that the fee payable for the initial intake session is \$ 99.00. The fee per other sessions will depend on choice of options through Velocity. There will be a charge of \$50.00 for all no show appointments unless 24 hour notification is received. I am legally responsible for all fees due. In the event collection fees are instituted for any fees owed by me, I agree to pay reasonable attorney's fees and costs.

Client Signature

Mental Skills Coach Signature