**Client Information**

*The following information will be held in the strictest of confidence*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

First Middle Last

Sport(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact Method: ⬜ Phone Call ⬜ Text ⬜ Email

Relationship Status:

⬜ Single ⬜ Married ⬜ In committed relationship ⬜ Separate/Divorced ⬜ Widowed ⬜ Other

# Children: \_\_\_\_\_\_\_\_\_

Who do you live with? (Check all that apply):

⬜ Alone ⬜ Roommate(s) ⬜ Spouse/Partner/Significant Other ⬜ Child/Children ⬜ Family Other ⬜ Other

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Status: ⬜ Full Time ⬜ Part Time ⬜ I’m not a student

*If a student:* ⬜ High School, grade \_\_\_\_ ⬜ Undergraduate, year \_\_\_\_ ⬜ Graduate/Professional

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Status: ⬜ Full Time ⬜ Part Time ⬜ I am not currently working

*Please describe your basic duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexual Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spiritual/Religious Preference (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information**

*The following information will be held in the strictest of confidence*

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How urgently do you need our services?

⬜ Very Urgently ⬜ Urgently ⬜ Moderately ⬜ Not Urgently

Reason for seeking services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Support / Friendships:

⬜ Much social support; I can discuss the issues that brought me in with others

⬜ I can discuss the issues that brought me in with one or two close friends / family members

⬜ Little social support; I find it difficult to discuss the issues that brought be in with others

Have you ever worked with a Performance Enhancement Coach (Mental Skills)? ⬜ Yes ⬜ No

*If so, please fill out the Previous Performance Enhancement Experience form*

Does your coach know you are working with a Performance Enhancement Coach (Mental Skills)? ⬜ Yes ⬜ No

Do you want your coach to be involved in our program? ⬜ Yes ⬜ No

*If so, please ensure you sign a Consent to Release Information form.*

Do you want your parents/guardians to be involved in our program? ⬜ Yes ⬜ No

*If so, please ensure you sign a Consent to Release Information form.*

**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 the Performance Enhancement Coach.*

List any relevant past or present physical concerns (high blood pressure, headaches, head trauma, past major medical surgeries or issues, ect).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medication are you currently taking and what is the reason for taking them? (No need for dosages).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tobacco Use? (Check all that apply): ⬜ Cigarettes ⬜ Cigars ⬜ Pipe ⬜ Dip ⬜ Hookah ⬜ Other # of times/amount daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alcohol Use? (Check all that apply): ⬜ Never ⬜ 1-2 x Week ⬜ 3+ x Week ⬜ Socially ⬜ Stressed

Triggers to Alcohol Use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information**

*The following information will be held in the strictest of confidence*

Caffeine Use? (Check all that apply): ⬜ Coffee ⬜ Tea ⬜ Soda ⬜ Energy Drink ⬜ Other

# of times/amount daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What vitamins and nutritional supplements are you taking, and for what reason?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On average, how many hours of sleep do you get daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have problems sleeping? ⬜ Yes ⬜ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you gained / lost more than 10 pounds in the past year? ⬜ Yes ⬜ No

Was this 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 ⬜ Average energy ⬜ High energy

**Behavior**

*At times, other areas of your life can impact sport performance. Please review the below list and check any that you feel might be helpful for your work with the Performance Enhancement Coach.*

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_ Low Self-Esteem  \_\_\_ Memory Impairment  \_\_\_ Mood Swings  \_\_\_ Negative Body Image  \_\_\_ Panic Attacks  \_\_\_ Phobias / Fears  \_\_\_ Physical Problems  \_\_\_ Elevated Mood  \_\_\_ Aggression  \_\_\_ Coping with  Prejudice | \_\_\_ Hopelessness  \_\_\_ Hurting Myself  *(purposefully)*  \_\_\_ Impulsiveness  \_\_\_ Irritability  \_\_\_ Legal Problems  \_\_\_ Loneliness  \_\_\_ Fatigue  \_\_\_ Anger  \_\_\_ Drug Use | \_\_\_ Academics  \_\_\_ Gambling Problem  \_\_\_ Grief / Loss  \_\_\_ Hallucinations  \_\_\_ Recurring Thoughts  \_\_\_ Sexual Abuse History  \_\_\_ Sexual Difficulties  \_\_\_ Addiction  \_\_\_ Avoiding People  \_\_\_ Racial/Ethnic Identity | \_\_\_Shyness  \_\_\_Alcohol Use  \_\_\_Anxiety  \_\_\_ Athletic Performance  \_\_\_ Concentration  \_\_\_ Depression  \_\_\_ Eating Issues  \_\_\_ Sexual Identity  \_\_\_ Career Decisions  \_\_\_Family Problems |

Please rank the top 5 behaviors checked above by priority and severity (#1 is most pressing)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information**

*The following information will be held in the strictest of confidence*

What are the top 3 things you want me to know about you?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your personal philosophy?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your first sport memory?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you love about your sport(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who inspires you? Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has your sport taught you about life?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you feel you need assistance with to perform your best in your sport(s) of choice? (Check all that apply):

\_\_\_ Goal Setting

\_\_\_ Motivation

\_\_\_ Anxiety

\_\_\_ Relaxation

\_\_\_ Competition Preparation (Mental Skills)

\_\_\_ Injury Rehabilitation (Mental Skills)

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are you hoping to accomplish by meeting with a Performance Enhancement Coach?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information**

*The following information will be held in the strictest of confidence*

**Sport / Activity Specific Information**

I am a (Please check all that apply) and list the sport or activity:

⬜ Competitivein\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long/often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enjoyment level: ⬜ LOVE it! ⬜ It’s fun ⬜ Eh ⬜ I’m getting bored ⬜ I hate it.

⬜ Thinking about competing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is keeping you from competing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enjoyment level: ⬜ LOVE it! ⬜ It’s fun ⬜ Eh ⬜ I’m getting bored ⬜ I hate it.

⬜ Just enjoying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you ever plan to compete in this? ⬜ Yes ⬜ No

**Client Information**

*The following information will be held in the strictest of confidence*

Practice Schedule for (sport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Day(s) of Week | Times | Location | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Competition Schedule for (sport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Dates | Location | Importance (1-5) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

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

Are you okay with me attending a competition? ⬜ Yes ⬜ No

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

**Informed Consent**

**Description of Work**

As a Performance Enhancement Coach, my job is to assist athletes in pushing past any mental barriers to becoming their best. This entails applying mental skills to reach and maintain performance on a more consistent basis. This may include:

* Providing information relevant to the role of psychological factors in an individual, group, or organizational setting.
* Teaching the participant(s) specific skills. Such interventions could focus on relaxation, concentration, imagery, moral reasoning, cognitive restructuring, centering, goal setting, ect.

**Confidentiality**

All sessions are kept confidential. Working with the Performance Enhancement Coach requires a level of trust and honesty that may be difficult for some people, which is understandable. However, lying or being purposefully deceitful are grounds for termination of service. If you feel as though you are not ready to answer a question or discuss certain items, please inform the Performance Enhancement Coach and the issue will be left at that. We respect your right to not discuss any information that makes you uncomfortable.

If you are a minor, unless other terms are indicated on the Authorization for Release of Confidential Information Form, your parents/guardians will only receive basic updates on your progress (ex: “he/she is doing great,” “I’m confident in his/her skills”).

Confidentiality ***will be*** broken for any of the following situations:

* Individual shows signs of wanting to potentially cause harm to self or others. Appropriate parties (police, parents, potential victim) will be notified.
* Child/Elder abuse victim or perpetrator.
* Court mandates release of records and/or testimony
* Physical or mental harm or issues that is important for the parent/guardian to know

**Liability**

There are no guarantees that your performance will improve as a result of working with a Performance Enhancement Coach. These sessions are NOT mental health counseling sessions and any indications of a mental illness or items that the Performance Enhancement Coach feels is out of their area of specialty will result in a referral to another location that can provide those services.

**Termination of Service**

The client has a right to terminate or place their work on hold at any time. The Performance Enhancement Coach also has the right to terminate work at any time. We request that one final session is used to discuss progress, evaluation of the services provided, and ways to help you continue to utilize the skills you’ve learned.

**By signing below, I agree to the above terms and have been provided a copy of this consent for my records.**

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Legal Guardian (minors only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release of Confidential Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize:

Tarra Farnham, B.A. Psychology

Performance Enhancement Coach

Rhino’s Gym

906 Cedar Creek Rd.

Fayetteville, NC 28312

\_\_\_\_\_ To discuss details of my case with other staff at Rhino Strength & Performance

⬜ All relevant information

⬜ Only to confirm I have been attending

⬜ To consult on other appropriate techniques to use

\_\_\_\_\_ To discuss details of my case with my parents / guardians

⬜ All relevant information

⬜ Only general progress

⬜ Only to confirm I have been attending

\_\_\_\_\_ To discuss details of my case with my coaching staff

⬜ All relevant information

⬜ Only general progress

⬜ To inquire and discuss performance

⬜ Only to confirm I have been attending

\_\_\_\_\_ To discuss details of my case with athletic training / medical staff

⬜ All relevant information

⬜ Only general progress

⬜ To inquire and discuss performance

⬜ Only to confirm I have been attending

\_\_\_\_\_ To discuss details of my case with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the purpose of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Legal Guardian (minors only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Performance Enhancement Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This authorization shall remain in effect for/until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information sent and/or received through this authorization may not be re-released to another individual or agency.**