



## Performance and Life Coaching 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:

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



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**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   | 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  |



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

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



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**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 Performance Psychology 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 John O'Brien 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 John O'Brien to inform me of any important developments as it relates to my son/daughter.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Performance Psychology 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 full fee for all no show appointments unless 24-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 John O'Brien, I agree to pay attorney's fees, collection fees and costs assumed.

\_\_\_\_\_  
Client/Parent Signature

\_\_\_\_\_  
Performance Psychology Consultant Signature