



The Mental Difference

Chicago – Oak Brook – Skokie – Crystal Lake

Sport Psychology Intake Form

CLIENT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

Address: _____ City/ State/ Zip: _____

Age: _____ D.O.B: _____ Gender: _____ Primary Sport: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

CLIENT UNDER 18 YEARS OLD:

Father's First Name: _____ Last Name: _____

Address: _____ City/ State/ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Mother's First Name: _____ Last Name: _____

Address: _____ City/ State/ Zip: _____

Cell Phone: _____ Home phone: _____

Email Address: _____

GENERAL HEALTH:

Are there currently any physical or psychological conditions that would impact your ability to perform?

(Circle One): YES / NO

If YES please explain:

Do you have any learning disabilities that would impact performance?
(Circle One) **YES/ NO**
If YES please Explain:

EDUCATION:

School: _____ **Grade/ Year:** _____

City: _____ **State:** _____

ATHLETIC PERFORMANCE:

Primary Sport: _____

Current Team: _____

Please provide your reason for seeking services at THE MENTAL DIFFERENCE. Be sure to include any information you feel would be helpful in achieving your athletic future goals.

POLICIES:

I acknowledge that I have been offered **THE MENTAL DIFFERENCE'S** "Practice Policies". I have read these policies, clarified any uncertainties, and I fully understand the "Practice Policies" of **THE MENTAL DIFFERENCE.**

Client (Ages 12+): _____ **Date:** _____

Legal Guardian: _____ **Date:** _____