



# *The Mental Difference*

*Chicago – Oak Brook – Skokie*

## *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:

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Do you have any learning disabilities that would impact performance?

(Circle One) **YES/ NO**

If **YES** please Explain:

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**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.

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**POLICIES: (Available on Website)**

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: \_\_\_\_\_