



All information will be kept confidential.

IDENTIFYING INFORMATION

Name: _____ DOB: _____ Today's Date: _____
Phone _____ E-mail: _____ Year in School: _____
Gender: ___ Male ___ Female Current Living Situation: _____
Place of Birth _____ Ethnicity: _____
Sport: _____ Position: _____
Exercise Habits _____
Activity Habits _____
Eating Habits _____
If you work, what do you do? _____
How long have you worked? _____ How often do you change jobs? _____
Why do you work? _____
Relationship Status: ___ Single ___ Married ___ Separated ___ Divorced Partner ___
Number of children: _____
Emergency Contact: Name _____ Phone: _____

PRESENTING PROBLEM

Briefly describe your reason for seeing Sport Psychology Consultant: _____

Did someone refer/send you? If so, who? _____
What do you hope to accomplish by seeing Sport Psychology Consultant? _____

When did the problem begin? _____

When does it occur? _____

Where does it occur? _____

Is the problem continual, or off-and-on? _____
What do you think is causing it? _____

Please select any of the following changes that you are experiencing right now:

- ___ Confidence
- ___ Anxiety
- ___ Concentration
- ___ Motivation
- ___ Feelings of sadness
- ___ Tension
- ___ Relationships with others (coaches, teammates, trainers, spectators, media, family, friends, classmates, teachers, co-workers, etc.)

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Sleeping patterns
 General fatigue
 Appetite
 Weight change. If so, were you trying to lose/gain weight? Yes No
 Changes in quality or quantity of training or conditioning.
 Disruption of normal pre-competition routine.
 Changes in competition (level, stage in season, performance).
 Changes in equipment.
 Concussion

 Stress-----No or little stress-----Wellness

DEVELOPMENTAL HISTORY

Do you have any learning or developmental difficulties or disabilities? If so, explain. _____

Please briefly describe your cultural background:

- Race _____
- Ethnicity _____
- Religion/ Spirituality _____
- Language(s) _____
- Military Status _____
- Sexual Orientation _____

What are the most important event(s) in your life in general? _____

Has anything important happened recently in your life in general? Please explain. _____

Do you have any legal or financial concerns? Please briefly explain.

Do you have any significant sexual concerns? Please briefly explain.

EDUCATIONAL HISTORY:

What level of education have you achieved and what kind of grades did you earn?

What are your educational goals? _____

Do you enjoy school? _____

How much effort do you put into school? _____

How is school paid for? _____

FAMILY HISTORY (You may include additional people at the end of the form.)

A. **Parent** ___ **Sibling** ___ **Other:** _____ Age: _____
Current Occupation: _____ For how long? _____
Level of Education: _____

Briefly describe your relationship: _____

B. **Parent** ___ **Sibling** ___ **Other:** _____ Age: _____
Current Occupation: _____ For how long? _____
Level of Education: _____

Play(ed) Sports? Which and at what level? _____

Briefly describe your relationship: _____

C. **Parent** ___ **Sibling** ___ **Other:** _____ Age: _____
Current Occupation: _____ For how long? _____
Level of Education: _____

Play(ed) Sports? Which and at what level? _____

Briefly describe your relationship: _____

D. **Parent** ___ **Sibling** ___ **Other:** _____ Age: _____
Current Occupation: _____ For how long? _____
Level of Education: _____

Play(ed) Sports? Which and at what level? _____

Briefly describe your relationship: _____

What is your social support system outside of sport?

What is the quality of your relationships within your sport?

MEDICAL HISTORY

Rate your current health. ___ Excellent ___ Good ___ Fair ___ Poor

Do you take non-prescription drugs routinely? ___ Yes ___ No Explain: _____

Do you take prescription drugs routinely? ___ Yes ___ No Explain: _____

Are you currently under the care of a physician? ___ Yes ___ No Explain: _____

Alcohol Use: Do you drink? How much and how often? Is this affecting your sport? _____

Drug Use: Do you use drugs? How much and how often? Is this affecting your sport? _____

Tobacco Use: Do you use tobacco? How much and how often? Is this affecting your sport? _____

Check any significant medical issues **you** have had.

___ Surgery

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When: _____ Explain: _____
 Sport related? ___ Yes ___ No
 How did it affect your training and/or competition? _____

___ Broken bone
 When: _____ Explain: _____
 Sport related? ___ Yes ___ No
 How did it affect your training and/or competition? _____

___ Concussion
 When: _____ Explain: _____
 Sport related? ___ Yes ___ No
 How did it affect your training and/or competition? _____

___ Sprain/ strain
 When: _____ Explain: _____
 Sport related? ___ Yes ___ No
 How did it affect your training and/or competition? _____

___ Diabetes
 Onset: _____ Type: _____ Treatment: _____

___ Allergy
 Onset: _____ Type: _____ Treatment: _____

___ Asthma
 Onset: _____ Treatment: _____

___ Cancer, tumor, growth, cyst
 When: _____ Type: _____ Treatment: _____

___ High Blood Pressure
 Onset: _____ Current BP: _____ Treatment: _____

___ Gout
 Onset: _____ Treatment: _____

___ Stomach, intestinal, kidney, bladder or liver issues (ulcer, jaundice, kidney stones, infections, etc.)
 Onset: _____ Treatment: _____

___ Epilepsy
 When: _____ Treatment: _____

___ Chronic or frequent colds, ear, nose or throat issues
 When: _____ Treatment: _____

___ Frequent or severe headaches
 When: _____ Treatment: _____

___ Anemia or blood disorders
 When: _____ Treatment: _____

___ Loss of memory
 When: _____ Treatment: _____

___ Anxiety
 When: _____ Treatment: _____

___ Anger
 When: _____ Treatment: _____

___ Attempted Suicide
 When: _____ Treatment: _____

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___ Depression or excessive worry
When: _____ Treatment: _____
___ Other significant medical or mental illness or disease
When: _____ Explain: _____

Your family's medical history

Check any significant medical issues within your *family*.

___ High blood pressure	Relationship: _____
___ Heart disease	Relationship: _____
___ Heart attack	Relationship: _____
___ High Cholesterol	Relationship: _____
___ Cancer	Relationship: _____
___ Stroke	Relationship: _____
___ Diabetes	Relationship: _____
___ Obesity	Relationship: _____
___ Gout	Relationship: _____
___ Arthritis	Relationship: _____
___ Alcoholism	Relationship: _____
___ Asthma	Relationship: _____
___ Tuberculosis	Relationship: _____
___ COPD	Relationship: _____
___ Psychiatric Illness	Relationship: _____
___ Other: _____	Relationship: _____

ATHLETIC/PERFORMANCE HISTORY

How often do you compete? _____

Briefly describe a typical week's training/conditioning: _____

What are the most important event(s) in your athletic career? _____

Has anything important happened recently in your athletic life? Please explain. _____

How long have you been playing your current sport? _____

At what levels have you played your current sport? (developmental, recreational, club, school) _____

What were your goals when you began playing your sport? _____

What are your goals now? _____

How did you get involved in your current sport? _____

What is the most positive experience you have ever had in your current sport? _____

What is the most negative experience you have ever had in your current sport? _____

What other sports, if any, have you or do you play? _____

What is the quality of your relationships with your coach(s)/trainer(s)? _____

What is the quality of your relationships with your teammates? _____

Significant People in Your Current Sport: *List the most significant people in your life as it relates to your current sport. You may include additional people at the end of the form.*

A. Person and Relationship _____

How were they involved in your development of the sport? _____

How are they currently involved in your sport? _____

B. Person and Relationship _____

How were they involved in your development of the sport? _____

How are they currently involved in your sport? _____

C. Person and Relationship _____

How were they involved in your development of the sport? _____

How are they currently involved in your sport? _____

D. Athletic Information

Please explain what you are seeking out Sport Psychology Consulting Services

What in your opinion keeps you from achieving consistent performances in your sport?

Is there anything else you consider important?

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Informed Consent

I _____ agree to consent to session treatment (or my child's treatment) with "VRC" Sports Psychology Performance Consulting Group (Reginald Younger Jr. Certified Sports Psychology Consultant AASP # 466

Any counseling information or other personal information will be kept completely confidential. In Arizona, exceptions to client confidentiality are disclosures of child maltreatment, elder abuse, imminent danger to oneself, imminent danger to others or when otherwise legally required. Counseling records or other cannot records be shared outside the "VRC" offices without your explicit written consent or if required by Arizona statute law or Federal Law. You may withdraw your consent at anytime.

If you have any questions on informed consent or about the therapeutic or consulting services that you are receiving, we at "VRC will happy to assist you on any matters that apply to the above verbiage heron.

Evaluator and Date

Below is for office use only

NOTES



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