

General Services Intake

Under 18

Date: _____ How did you learn about our services? _____

Client Information

Name: _____ D.O.B. _____ Age _____ Gender: M F Other

Sport: _____ Years of Experience: _____

Address: _____

City _____ Province: _____ Postal Code: _____

SPORT PSYCHOLOGY HISTORY

Does your child incorporate mental training into their sport/training preparation? Y N

Has your child ever worked with a mental performance consultant before? Y N
If yes, please explain

Has your child had any physical injuries (ex. Broken bones, torn/sprained muscles, concussions)? Y N
If yes, please describe

MEDICAL HISTORY

Is your child on any form of medication? Y N

Name of Drug	Reason for Medication

Does your child have any previous or current mental health concerns?
If yes, please elaborate

Y N

Previous/current contact with Mental Health Professionals or Support Services:

Professional Involved	Type of Support	Date and Duration of Treatment	Was it effective?

Emergency Contact Information

PARENT/GUARDIAN 1 INFORMATION:

Name: _____ Relationship to Client: _____

Main Contact #: _____ Alternate: _____

PARENT/GUARDIAN 2 INFORMATION:

Name: _____ Relationship to Client: _____

Main Contact #: _____ Alternate: _____

Informed Consent

Confidentiality Statement

Information about you will be kept strictly confidential. Please be aware of the following exceptions:

1. If you present a danger to yourself or others, I have legal requirement to help you keep safe and duty to warn potential victims.
2. If ordered by a judge in a court of law, I am required to provide access to your records; however, I would first assert legal privilege to protect your confidentiality.

I have read and discussed the above Confidentiality Statement and have had a chance to ask any questions pertaining to what I have read. I am willingly consenting to working with Naomi James Performance Consulting under the parameters stated in this document.

Client Name (please print)

Date

Client Signature

Practitioner Signature

Parental Release

Evidence suggests that a confidential relationship between a practitioner and client is paramount to developing trust and an effective working partnership. However, in this case where a minor is involved, parents have discretion over the degree of confidentiality they are willing to support within the relationship.

I agree _____ or do not agree _____ to have Naomi James Performance Consulting work with my son/daughter on performance and life issues that are within her scope of practice. I agree _____ or do not agree _____ that there will be confidential relationship developed with my son/daughter and trust that she will inform me of important developments regarding my son/daughter's performance and well-being.

Client Name (please print)

Date

Client Signature

Practitioner Signature

