

Client Information Form – Sports Counseling

Name: _____ Date of Birth: _____ Date: _____

Who specifically referred you to the Mandarin Cove Sports?

Name: _____ Relationship: _____

May we inform the person that you came? Yes No

I. What concerns would you like to discuss about your sport?

II. Please check all that are a current source of stress for you:

Technical challenges Tactical Challenges Coach Parents
 Confidence Physical Health School Work
 Other (explain): _____

III. Check below if these concerns apply to you either in the past and/or at the current time:

	PAST	CURRENT
Sport no longer fun		
Not as good as my competition		
Easily get angry		
Anxious playing sport		
Sport takes up too much of my time		
Fear of making a mistake		
Easily distracted during practices		
Easily distracted during games		
Choking in big competitions		
Difficulty dealing with an injury		
Difficulty dealing with what others think about me		
Spend too much time worrying about my sport		
Difficulty noticing when I play well		

How long have you been playing your sport? (list all sports you are interested in working on with most important sport listed first)

Sport	Age started	Number of years played
_____	_____	_____
_____	_____	_____
_____	_____	_____

List how you currently see yourself in your most important sport (check all that apply):

- _____ Recreational any level
- _____ Advanced / Travel / Competitive
- _____ Middle School competitive
- _____ High School competitive
- _____ Collegiate competitive
- _____ Pro competitive

How much time a week do you spend playing and training for your sport when you are in season?

_____ hours/week

How much time a week so you spend playing and training for your sport when you are not in season?

_____ hours/week

Have you ever used visualization to help with your sport?

_____yes _____No