Center for Sports and the Mind

Applied Mental Strength Training for Athletes

Name: _____

Please answer the following questions and bring these forms with you to your first appointment. If you have questions, feel free to leave the item blank and bring the question(s) to your therapist's attention. Thank you.

Please check the behaviors and symptoms you are experiencing that are occurring more often than you would like them to:

- ☐ Aggression
- ☐ Alcohol dependence
- ☐ Anger
- ☐ Antisocial behavior
- ☐ Anxiety
- ☐ Avoiding people
- ☐ Chest pain
- ☐ Depression
- ☐ Disorientation
- ☐ Distractibility
- ☐ Dizziness
- ☐ Drug dependence
- ☐ Eating disorder
- ☐ Elevated mood
- ☐ Fatigue
- ☐ Gambling
- ☐ Hallucinations
- ☐ Heart palpitations
- ☐ Hopelessness
- ☐ Impulsivity
- ☐ Irritability
- ☐ Judgment errors
- ☐ Loneliness
- ☐ Memory impairment
- ☐ Mood shifts
- ☐ Panic attacks
- ☐ Phobias/fears
- ☐ Recurring thoughts
- ☐ Self harm (cutting, burning, hitting)
- ☐ Sexual addiction
- ☐ Sexual difficulties
- ☐ Sick often
- ☐ Sleeping problems
- ☐ Speech problems
- ☐ Suicidal thoughts
- ☐ Thoughts disorganized
- ☐ Trembling
- ☐ Withdrawing
- ☐ Worrying
- ☐ Other (specify)

Briefly describe how the symptoms noted above cause problems for you or your child (work, school, church, relatives)

Identify relevant stressors you have experienced in the past 12 months:

What are your goals for therapy:

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List the 5 most stressful events in your life

1.

2.

3.

4.

5.

List other stressful events

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HEALTH/MEDICAL

Describe current health concerns/changes:

Current medications (include purpose/dose):

Past psychiatric medications:

Does family history include significant physical problems? ☐ No ☐ Yes (describe)

Have you/client ever had a head injury? ☐ No ☐ Yes (describe)

Please check all that apply and note age of occurrence; describe below:

- ☐ **AIDS** ____age
- ☐ **Alcoholism** ____age
- ☐ **Abortion** ____age
- ☐ **Anemia** ____age
- ☐ **Appendicitis** ____age
- ☐ **Arthritis** ____age
- ☐ **Asthma** ____age
- ☐ **Bronchitis** ____age
- ☐ **Bed wetting** ____age
- ☐ **Cancer** ____age
- ☐ **Chronic pain** ____age
- ☐ **Dental problems** ____age
- ☐ **Diabetes** ____age
- ☐ **Dizziness** ____age
- ☐ **Drug abuse** ____age
- ☐ **Epilepsy** ____age
- ☐ **Ear infections** ____age
- ☐ **Eating problems** ____age
- ☐ **Fainting** ____age
- ☐ **Fatigue** ____age
- ☐ **Headaches** ____age
- ☐ **Hearing problems** ____age
- ☐ **Hepatitis** ____age
- ☐ **High blood pressure** ____age
- ☐ **Kidney problems** ____age
- ☐ **Measles** ____age
- ☐ **Mononucleosis** ____age
- ☐ **Mumps** ____age
- ☐ **Miscarriages** ____age
- ☐ **Neurological disorders** ____age
- ☐ **Pneumonia** ____age
- ☐ **Sexually transmitted disease** ____age
- ☐ **Sleeping disorder** ____age
- ☐ **Stroke** ____age
- ☐ **Sexual problems** ____age
- ☐ **Tonsillitis** ____age
- ☐ **Tuberculosis** ____age
- ☐ **Thyroid problems** ____age
- ☐ **Vision problems** ____age

Describe issues checked above and/or others not listed:

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EDUCATION

Check all that apply:

- ☐ High School graduate/GED
- ☐ Vocational school: Degree ☐ No ☐ Yes Major_____
- ☐ College: Degree ☐ No ☐ Yes Major_____
- ☐ Graduate school: Degree ☐ No ☐ Yes Major_____
- ☐ Other training_____

Currently enrolled in school? ☐ No ☐ Yes If yes, name of school _____
If yes, has current problem impacted academic performance?

EMPLOYMENT

Are you currently working? ☐ No ☐ Yes (where, how long)

Relevant work history:

FINANCIAL RESOURCES

Client is able to support self without government assistance ☐ No ☐ Yes If no:
Client currently receives assistance ☐ No ☐ Yes (describe)

Client requires referral for financial aid ☐ No ☐ Yes
Client requires referral for credit counseling ☐ No ☐ Yes
Current problem has affected financial situation ☐ No ☐ Yes (how)

MILITARY

Military experience? ☐ No ☐ Yes If yes:
Combat experience? ☐ No ☐ Yes (where) _____
Branch_____ Discharge date_____
Type of discharge_____ Rank at discharge_____

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SPIRITUAL/RELIGIOUS BACKGROUND

Is client affiliated with a spiritual or religious group? ☐ No ☐ Yes (describe) _____
Was client raised within a spiritual or religious group? ☐ No ☐ Yes
(describe)_____
Is client currently attending a church? ☐ No ☐ Yes (name) _____
Has the current problem affected client's spiritual/religious life? ☐ No ☐ Yes (how)

LEGAL HISTORY

Is client involved in any civil or criminal cases? ☐ No ☐ Yes
(describe)_____
Is client currently on probation or parole? ☐ No ☐ Yes (describe)
_____
Has current problem impacted legal history? ☐ No ☐ Yes (how)
_____

SOCIAL RELATIONSHIPS

Describe client's current support system/peer group/living environment:

LEISURE/RECREATIONAL

Describe special areas of interest or hobbies (e.g., art, books, crafts, fitness, sports, outdoor activities, church activities, fishing, traveling)