



INFORMED CONSENT FOR MENTAL SKILLS TRAINING & CLIENT INTAKE INFORMATION

CLIENT INFORMATION:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Email Address	<input type="text"/>	Cell	<input type="text"/>
Mailing Address	<input type="text"/>	City _____ State _____ Zip _____	
Age	<input type="text"/>	Date of Birth	<input type="text"/>
Primary Sport:	<input type="text"/>	Years Competing in Sport	<input type="text"/>
Current Sport Competency: Please circle one:		Recreational Athlete	Elite Athlete Professional

CLIENTS UNDER 18 YEARS OLD:

Father's Name	<input type="text"/>	Father's Address	<input type="text"/>
City	<input type="text"/>	State _____ Zip _____	
Email	<input type="text"/>	Cell	<input type="text"/>
Mother's Name	<input type="text"/>	Mother's Address	<input type="text"/>
City	<input type="text"/>	State _____ Zip _____	
Email	<input type="text"/>	Cell	<input type="text"/>
Grade/Year in School	<input type="text"/>	School	<input type="text"/>

PERFORMANCE TEAM INFORMATION:

Primary Coach(es):	1. <input type="text"/>
	2. <input type="text"/>
	3. <input type="text"/>
Nutritionist:	1. <input type="text"/>
Other:(Please Identify Specialty)	1. <input type="text"/>



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General Client Information:

Please circle, answer as necessary

- Do you currently compete on a school team? Yes No
- Do you currently compete on a club team? Yes No
- Do you currently compete on a professional team? Yes No
- Are you currently a “starter” if “yes” above? Yes No
- If under 18, do you have hopes of playing collegiately? Yes No
- Are you currently being recruited by a college or university? Yes No
- Is anyone on your performance team aware that you
are seeking the advice of a mental performance coach? Yes No
- Do I have permission to discuss your sport performance?
with that coach in an effort to improve your performance? Yes No
- If “yes” would you like me to give you advance notice? Yes No
- Are you also currently working with a clinical mental health?
professional (psychologist/clinical social worker/psychiatrist) on
non sport related issues? Yes No
- If “yes” do I have permission to contact them regarding your
performance work with me if we determine together it might assist
your personal performance goals AND with prior permission? Yes No

Please tell me about significant injuries, if any, you have had that have affected your practice/performance in the last several years.



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General Client Information:

Please circle, answer as necessary

- Are you still concerned about this injury even though you have been informed it has “healed”? Yes No
- What would you say is your typical energy level during practice the last few months? Please circle a Choice:
LOW ENERGY/FATIGUED | AVERAGE ENERGY | HIGH ENERGY
- Although our sleep patterns vary from time to time, how many hours of sleep do you usually get? Please circle:
5 HOURS or Less | 7 HOURS or LESS | 8 HOURS or MORE
- Hypothetically, if you had an 8 am competition, what time would you try to get up?

- What is your typical pre competition meal/snack?

- What is your typical nutritional intake DURING competition?

- If I asked you to daydream for a moment and “go to your happy place” (physical location) where would that be? For example: with my family at the beach, at the mountains, at a lake, etc. A place that makes you feel satisfied, happy, content, relaxed.



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General Client Information:

Please circle, answer as necessary

- In your specific sport, is there someone whom you particularly admire/wish to emulate technically?

- What's your favorite personal sports memory in which you were a competitor?

- What type of music would you choose to listen to if you needed to become more "energetic"?

- What type of music would you choose to listen to if you needed help in relaxing or winding down?

- Are there specific issues, goals that you wish to achieve, things that you notice about yourself pre-performance, during performance, or even after performance that may be having an impact on your current or future performances that we should be sure to chat about?



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INFORMED CONSENT

General Information:

I /We give my/our permission for Heather L. Lofink, MS to apply her knowledge and experience in an effort to provide assistance in enhancing sport performance. This information will be specifically relevant to the role of mental skills training in sport. Skills/techniques which may be discussed include, but are not limited to, imagery and visualization, cognitive re-structuring of stressful and/or common anxiety enhancing performance experiences in practice and in competition, mistake management, initiation of routines in daily practice and performance situations, with proper consent and in coordination with your other coaches the ability to identify specific technical issues which, if addressed and corrected, may lead to improved performances via improved self-efficacy (confidence), usage of selected music to aid in the control of performance anxiety as well as establishing optimal performance activation/energy, usage of video in capturing athlete's optimal performance for visual imagery usage, goal setting, exposure to mindfulness training, and basic relaxation techniques.

Confidentiality:

Sessions with adults* will remain confidential and will not be shared with the following exceptions:

1. Written permission from the client,
2. Client poses imminent threat of harm to self (serious and foreseeable harm),
3. Client poses imminent threat of harm to others (serious and foreseeable harm),
4. Suspected that a child, elder person, or person with disabilities is being abused, or neglected (serious and foreseeable harm).

*Sessions with minor children (under 18 years of age) are held with one (1) parent physically present unless specifically outlined by Heather L. Lofink, MS

Potential Benefits of Services:

Successful performance and mental skills training can lead to technical corrections, improved performance, increased sport confidence, higher self-esteem, and a greater sense of self-efficacy. Success, however, does require an active interest and effort in improvement and a love of one's sport.



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Informed Consent Signatures

I, _____, have read and understand the “Informed Consent for Mental Skills Training” provided by Heather L. Lofink, MS. I consent to the following:

To receive mental skills training from Heather L. Lofink, MS

Please sign _____ (parent and minor if applicable)

To allow Heather L. Lofink, MS to discuss my sessions with approved coaches and other professionals in an effort to enhance my sport performance. Specifically, I give permission for the following individuals, if any:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Please sign _____ (parent and minor if applicable)

To allow Heather L. Lofink, MS to break confidentiality in the above-mentioned scenarios of harm to self, or harm to others, or suspicion of abuse or neglect of a child or elder or a person with disabilities. I understand consent is not legally required to reveal this information to the appropriate authorities.

Please sign _____ (parent and minor if applicable)

In addition, I understand the possible benefits of mental skills training and that I must be motivated to have an active interest in performance improvement within the sport in which I compete and seek assistance.

Please sign _____ (parent and minor if applicable)

I understand that Heather L. Lofink, MS may require a parent or guardian to be present for sessions for clients who are under 18 years of age.

Please sign _____ (parent and minor if applicable)

Client Printed Name _____ Client Signature _____
Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____