

Bailey Thompson, M.S., CMPC
Sport & Performance Psychology
Certified Mental Performance Consultant
bailey@maphockey.net
651-263-9676

Dark Horse Athletics
FHIT Hockey | MAP Hockey
MEGA Goaltending

Athlete/Performer Intake Information
Filled out by Athlete

Player Name: _____ Sport/Activity: _____

1st Visit Date: _____ D.O.B.: _____ Age: _____ YR: _____

Street Address: _____

City, State, Zip code: _____

Phone number(s): _____

E-mail address: _____

Describe briefly your family and current primary relationships: (i.e. Name, age, relationship, how well you get along)

Sport Psychology History

Have you ever included sport psychology into your sport preparation? ___Y ___N

Have you worked with a sport psychologist or psychologist before? ___Y ___N

If yes, please explain:

Please describe your background/experience in the sport of concern:

What Brings You in for Sports Performance Training?

Filled out by Athlete

Please rate (0 =Not at all, 3=Current Issue) each of the following

(Athlete Completes): <u>N/A</u> <u>Low</u> <u>High</u>	0	1	2	3
Competition anxiety.....
Difficulty with training demands, overtraining.....
Difficulty with elite athlete lifestyle demands.....
Issues within team and/or with teammates.....
Communication difficulties.....
Motivation for sport, training.....
Performance slump.....
Difficulty with travel demands.....
Concentration training.....
Goal Setting training.....
Imagery, Visualization training.....
Relaxation training.....
Retirement from sport.....
Sport confidence.....
Schoolwork, grades.....
Procrastination, time management.....
Stress management.....
Relationship with teammate(s).....
Relationship with roommate(s).....
Relationship with coach(es).....
Relationship with romantic partner.....
Relationship with parents, family.....
Shyness, being assertive.....
Self-esteem, self-confidence.....
Loneliness, homesickness.....
Feeling down, sad, depressed.....
Fears, worries, anxiety.....
Irritable, angry, hostile feelings.....
Injury, fear of injury.....
Chronic physical problem (e.g., asthma).....
Physical stress (headaches, muscle tension, etc.).....
Sleep difficulties.....
Eating/body image/weight issues.....
Problems with alcohol or other substances.....

Please note below any additional concerns or areas of interest you would like to focus on:

Have you sustained any injuries in your sport(s)? Y or N

Are you currently taking any medications or are you under any other type of treatment? Y or N

Medication/Treatment Dates Prescribing Physician

Have you ever been hospitalized for mental health reasons? Y or N

If so, please provide the following information to the best of your ability:

Hospital Name Dates Reason Medications prescribed

Have you ever thought about or attempted suicide? Y or N

Please provide date/time

Your Responsibilities as a Consulting Client

Filled out by Parent/Guardian

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45 minutes (+/- 10 minutes). All sessions will be held either at an agreed upon public location or via Zoom with the link provided to you via email. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling or cancel with less than two (2) hours' notice, you are still required to pay for that session. My voicemail has a time and date stamp which will keep track of the time that you called me to cancel.

You are responsible for paying for your session weekly. The cost of each session is \$75 unless purchased at package pricing. Payments will be collected via fhithockey.com, maphockey.com or megagoaltending.com prior to each session. There will be no refunds unless under special circumstance as determined by affiliates of Dark Horse Athletics. If you eventually refuse to pay your debt, Dark Horse Athletics reserves the right to give your name and the amount due to a collection agency. By initialing below, you understand and agree to these terms.

Parent/Guardian Initials:

Confidentiality Statement

Filled out by Parent/Guardian & Athlete

Information about you, including professional records (written or audio/video recordings) that are required by the laws of Minnesota and the standards of my profession, will be kept strictly confidential. All professional records will be stored on a password-protected device and will only be shared with Dark Horse Athletics leadership if necessary. Please be aware of the following exceptions to the law:

1. If you present a danger to yourself or others, I have a legal requirement to help keep you safe and a duty to warn potential victims.
2. If you identify any known or suspected abuse of a child, an elder, or person with a disability, I am required by law to report such abuse to the appropriate state agency.
3. 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 in an effort to protect your confidentiality.
4. If the client is a minor, confidentiality will be kept. The parents must present a signed statement to Bailey Thompson stating what information they wish to know from the sessions.

Please understand that your player's account which is used solely to sign up for sessions may be seen by other staff at Dark Horse Athletics. If you agree to meet at a public location, know that there are limitations to confidentiality. Further information regarding the protection of your confidentiality is found in the HIPPA compliance form. Please send any questions necessary regarding the limits of confidentiality to bailey@maphockey.net. If there are no further questions, please sign below to indicate that you have read this statement, as well as the HIPPA compliance form, and understand the contents. Please sign below acknowledging this confidentiality statement.

Client Name (please print)

Client Signature

Date

Parent/Guardian (please print)

Parent/Guardian Signature

Consent to Consultation

Filled out by Parent/Guardian & Athlete

I have read and have been offered the opportunity to discuss the Confidentiality Statement (above), the [Association of Applied Sport Psychology Ethics Code](#) and the [MN Board of Psychology Rules of Conduct](#) to protect the privacy of your health information. I also allow Bailey Thompson to video and/or audio record each session for the ethical protection of all involved. I have read these statements, had sufficient time to be sure that I have considered it carefully, asked any questions that I needed to, and understand and agree with this consent. I understand the limits to confidentiality required by law. Furthermore, I understand that Bailey Thompson is a Certified Mental Performance Consultant, and is not a clinical psychologist, thus specializing in the area of cognitive training and sports performance enhancement. I am willingly consenting to working with, or having my child work with, Bailey Thompson under the parameters stated in this document.

Client Name (please print)

Client Signature

Date

Parent/Guardian (please print)

Parent/Guardian Signature

Parental Release

Filled out by Parent/Guardian

There is research available that suggests a confidential relationship between the Sport Psychology Consultant and the client is paramount to developing trust and a good working partnership. However, in this case where a minor is involved, the parents have discretion over that related to the degree of confidentiality within the relationship.

I agree _____ do not agree _____ to have Bailey Thompson work with my son/daughter on issues related to performance enhancement and personal issues.

I agree _____ do not agree _____ that there will be a confidential relationship during the performance enhancement work and trust Bailey Thompson to inform me of any important developments, deemed by Bailey Thompson, as it relates to my son /daughter.

What, if any, information do you wish to be informed of regarding your player's session?

Parent/Guardian Name

Date

Parent/Guardian Signature

Additional Issues that Need to be Addressed:

Once completed, click on the button below to send this intake form to Bailey@maphockey.net