

Sports Psychology Intake Information

Sean Burns, MA, LLP, T: (616) 264-3204, F: (616) 264-3201, E-mail:
seanburns.cawm@gmail.com, 4127 Embassy Dr SE, Grand Rapids, MI 49546

Last Name	First Name	M.I.	Date of Birth	Age
Home Address	City		State	Zip
Employer & Street Address	City	State		Zip
H. Phone:		If I need to leave a message for you, may I have permission to leave a message with a person or answering machine at each of the following? Please circle those which we may use. <p style="text-align: center;">circle here</p> Home person voice mail Work person voice mail Cell person voice mail		
W. Phone:				
C. Phone:				
May we have permission to contact you via email? If so, please provide your email address:				Marital Status
Ages of Children	Education			Family Physician
Medications you take regularly. Purpose for each. List all allergies.				
Describe any serious medical problems, operations, and hospitalizations during the past five years.				
Have you ever received services from a mental health professional before? Have you ever been hospitalized for a psychiatric condition? If you answered yes to either of these, please describe briefly.				

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Reasons for seeking professional help at this time.

Who referred you? Or how did you become aware of my services?

Client's Name _____

I accept full responsibility for prompt payment of all charges at the time of the visit. Payments may be made with cash, check, or credit card. {Make checks to: Sean Burns, PLLC}

I understand that there is a twenty-four hour cancellation policy. If an appointment is missed without being cancelled twenty-four hours in advance, there will be a \$50 charge.

I give Sean Burns permission to provide me with a psychological assessment and consultation and training for the improvement of my mental skills for performance. I understand that this is not medical or psychiatric treatment and is not covered by health insurance.

In the event of an emergency, you have my permission to contact the following person.

Name _____ Phone Number () _____

Address _____ Relationship _____

Signature _____ Date _____

(parent signature, if client is a minor)

[All information collected and discussed during our work is fully confidential. Unless you sign a release of information for parties such as coaches, trainers, owners, team members, family, etc., all of the information will remain private.]

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Sports History

Name _____ Age _____ Date of Birth _____

Sport _____ Hometown _____

What other sports have you participated in?

At what age did you start playing your current sport? _____

What do you like about it?

What do you not like about it?

What are your greatest accomplishments?

What are your greatest disappointments?

Your dreams and goals?

Your best mental skills?

Your mental skills that need improvement?

Current frustrations?

How can I help you with the mental aspects of your sport?