

INTAKE INFORMATION

Sport and Performance Counseling/Coaching/Consulting

Vicki J. Hutman, LLC
Sports and Performance Psychology
Mental Health and Wellness

Vicki J. Hutman, NCC, LPC
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Today's Date: _____

Client's Name: _____ Age _____ Sex _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ / _____ / _____ DOB: _____

Marital Status: _____ (S) _____ (M/LP) _____ (D) _____ (W) _____ (Sep)

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____

Educational Level Completed: _____

Ethnicity: _____ Spouse/Partner Ethnicity _____

Employer _____ Work Phone (_____) _____

PERSON RESPONSIBLE FOR PAYMENT (if different from patient)

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____ DOB _____

Home Phone (_____) _____ Cell Phone (_____) _____

SSN _____ / _____ / _____

Employer _____ Work Phone (_____) _____

Relationship to Patient _____

Background Information

Substance Use

Caffeine _____

Alcohol _____

Tobacco _____

Other _____

Other Information Related to Performance

Appetite/Weight Change/Nutritional Habits _____

Sleep (i.e. # of hrs., how well) _____

Energy Level _____

Concentration _____

Recreational Activities _____

Other Stressors: ___ Work ___ Family ___ School ___ Medical

 ___ Other: _____

PLEASE WRITE ADDITIONAL INFORMATION YOU THINK IS IMPORTANT FOR ME TO KNOW ABOUT YOU AND YOUR PERFORMANCE BELOW:

INITIAL PERSONAL GOALS:
