



Thank you for choosing The MindSide to enhance your sports performance.

Once your appointment is scheduled, please complete this form prior to your initial appointment so that we do not waste valuable appointment time completing paperwork! Appointment times are reserved specifically for each client. Should you need to reschedule your appointment, please provide us with at least 48 hours notice so we may give your appointment time to another client needing services. If you miss your appointment without the 48 hours prior notice, your account will be charged for your appointment.

Call in to **Kevin** at your scheduled appointment time at **(734) 657-4843**.

Client Information:

Name: _____ **Date of Birth:** _____

Address: _____

City/State/Zip: _____

Cell Number: _____ **Email:** _____

Sport: _____ **School/University:** _____
(if currently enrolled)

Coach's Name: _____

Coach's Cell: _____ **Coach's Email:** _____

How did you hear about The MindSide? _____

If Under 19 Years of Age—Parent Information:

Parent's Name: _____

Address: _____
(if different)

City/State/Zip: _____

Cell Number: _____ **Email:** _____



THE MINDSIDE

Acknowledgment Regarding Sports Psychologist Services

The undersigned client ("Client") of Kevin Alschuler, PhD and The MindSide LLC (the "Company") and, if applicable, the undersigned Parent or Legal Guardian of Client, have requested that certain services be provided to Client by Kevin Alschuler, a consultant of the Company who is also a psychologist licensed to practice in Washington by the Washington Board of Examiners in Psychology ("Alschuler"). By signing this Acknowledgment, Client and, if applicable, the undersigned Parent or Legal Guardian of Client, acknowledge agreement with the following with respect to the services to be provided by Alschuler:

- . (1) The services to be provided to Client by Alschuler will relate solely to the athletic performance of Client and the potential for improvement of Client's athletic performance that may become possible from discussing and focusing on the mental and psychological aspects of Client's athletic performance and his or her approach to such performance (the "Sports Psychologist Services").
- . (2) Alschuler is not Client's psychologist or medical doctor and no psychologist-patient, doctor- patient or other medical care or service provider relationship has been or will be formed or otherwise established at any time as a result of the provision of the Sports Psychologist Services. The relationship between Client and Alschuler is that of a customer (Client) paying for the coaching services of a coach (Alschuler).
- . (3) Alschuler will not be performing any clinical psychological services for Client or otherwise interviewing Client or administering or interpreting tests of mental abilities, aptitudes, interests, or personality characteristics for any purposes, including without limitation, psychological evaluation, overall personality appraisal or classification, or treatment.
- . (4) The services to be provided to Client by Alschuler will in no way address any general or specific psychological or other medical needs, aspects or issues of Client or anything else not directly related to potentially improving Client's athletic performance.
- . (5) Any interviews, tests, meetings, sessions, communications or otherwise between Client and Alschuler will relate solely to potentially improving Client's athletic performance and should not be interpreted to be a modification of or change in the relationship described above or anything else contained herein.
- . (6) Alschuler is not and shall not be bound by any duty to keep information about or related to Client (including Client's identity) confidential or otherwise to comply with any state or federal laws relating to privacy, including, without limitation, the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- . (7) The Sports Psychologist Services will not be covered by any health or related insurance Client may have and the Company does not accept and shall not be bound by any such insurance or related policies. Payment for the Sports Psychologist Services shall be due at the agreed upon rate and shall be paid by cash, check, or credit card prior to the initial appointment.

Client Initials

Parent or Legal Guardian Initials
(if applicable)

- . (8) Either Alschuler or Client shall be permitted to terminate the relationship between Alschuler and Client at any time for any reason or no reason at all, with or without notice.
- . (9) The Company and Alschuler have not made any representations or warranties whatsoever with respect to the Sports Psychologist Services to be provided or what the results of such services may be, and the Company and Alschuler expressly disclaim any and all such warranties, express, implied or statutory, including, without limitation, any warranty that the Sports Psychologist Services will meet Client's needs or requirements or will otherwise cause any improvement in any aspect of Client's athletic performance or otherwise.
- . (10) The Sports Psychologist Services will be based on the opinions and/or suggestions of Alschuler and not necessarily the Company, and neither the Company nor Alschuler shall in any way be held responsible or liable for any athletic performance declines, whether perceived or real, or any losses, injuries, or other claims arising from or in any way related to Client's interpretation of the Sports Psychologist Services or his or her compliance or non-compliance with any of the information, procedures, instructions or suggestions made in connection with the provision of the Sports Psychologist Services.
- . (11) Cancellation within 48 hours of a scheduled appointment will be charged at the full appointment rate.
- . By signing below, each of the undersigned individuals acknowledges and agrees that he or she has read, fully understands, and agrees with each of the foregoing provisions.

Print Name

Signature of Client

Date

Print Name of Parent or Legal Guardian
(if Client is under 19 years of age)

Signature of Parent or Legal Guardian
(if Client is under 19 years of age)

Date





AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION

None of the information or records obtained under this authorization may be re-released to another party.

Client Name

Date of Birth

I, _____, hereby authorize **The MindSide, LLC** to obtain or disclose information regarding the following:

_____ Progress in Individual Sports and Performance Consultation

_____ General Sports and Performance Intake Note

_____ Other: _____

This authorization shall remain in effect until (please check one):

until revoked _____,

6 months _____,

1 year _____,

other (give date or event) _____

This information should only be released to or obtained from:

Coach's Name

Coach's Phone

Coach's City/State

Coach's Email

Printed Name of Client

Signature of Client

Date

Printed Name of Parent or Legal Guardian
(if Client is under 19 years of age)

Relationship to Client

Signature of Parent or Legal Guardian
(if Client is under 19 years of age)

Date

You have the right to revoke this authorization, in writing, at any time by sending such written notification to the office address below. As originally stated in the Consent for Consultation Form signed by you, the client, at the outset of the agreed upon arrangement, services provided by The MindSide, LLC are specifically for sports and performance services and are not for clinical or diagnostic services. Any questions or inquiries are to be directed to The MindSide, LLC, 1401 Doug Baker Blvd, Suite 107-110, Birmingham, AL 35242 – (205) 492-0234.



Credit Card Authorization Form for Initial Appointment

Cardholder Information:

Name on Credit Card:	
Billing Address:	
City/State/Zip Code:	
Phone number:	
Email:	
Type of Credit Card:	VISA MC Discover
Account Number:	
Expiration Date:	
CVC# (last 3 digits from back of card):	

Initial Appointment with The MindSide Elite program Follow-up (if selected)	Bill my credit card once in the amount of \$750 for an initial appointment and then monthly, on the first of each month, in the following amount of \$450 for The MindSide Elite program, if selected following initial appointment. This will continue monthly until cancellation is requested. All requests to terminate enrollment in the Program require a 30-day written notice (e.g., email).	\$450.00
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*I certify that I am the authorized cardholder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above by The MindSide, LLC and are responsible for any fees associated with non-payment.

Cardholder name (printed):	
Signature/Date:	



Name:

DOB:

Grade/Class/Years Professional: Sport:

What is your reason for scheduling the appointment?

Please describe in detail how long your issue has been going on. How does it impact you?

Have you ever worked with a sports psychologist/mental performance coach before? If yes, please describe your experience.

Have you ever worked with a clinical psychologist/therapist/counselor before? If yes, please provide details you are comfortable providing.

How would you describe success in working with me?

How do you like to be coached? For instance, do you like direct communication or do you prefer positive reinforcement?



What are your goals in your sport?

Who do you enjoy watching play your sport? Why?

What are the three most important things I need to learn about your performance to date?

How does pressure impact you? Give details.

Please list your strengths in your sport.

Please list your weaknesses or struggles.

At the present time, please rate your mental game on a scale of 1-100 (1 – terrible; 100 – world- class):

If you could sit down and pick the mind of three people in your sport, who would you want to meet with and why?

1.

2.

3.

Please list anything else you think I need to know that would help me enhance your game and performance: