



WINNER'S MENTALITY SYSTEM FOR ENDURING SUCCESS

Initial Intake Form

Name: _____

Date: _____

Address: _____

Age: _____

Sport: _____

Phone: O _____

Years in Sport: _____

C _____

H _____

e-mail: _____

How did you hear about Reese Resolution Services?

Primary Reason for Coming?

Immediate Hope(s):

Primary Performance Issues:

Other Sport Issues (selection, pressure, injuries, etc.):

Personal Issue(s):

General Goals / Near Future:

LIFE Goals:

Upcoming Competitions:

Strengths in Sport:

Areas to Work On:

Best Ever Performance (when, where, circumstances, arousal, etc. / use back if needed)

Mental State when Problems Occur:

Training Issues (overtraining?):

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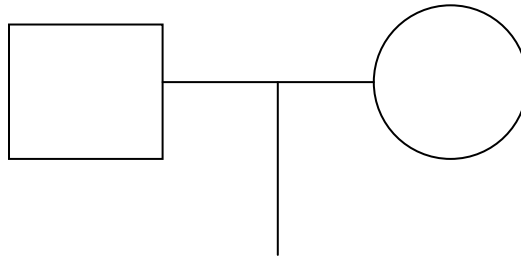
On a scale of 0-5 (0=none, 5=excellent), rate your level of knowledge and your use of the following peak performance tools:

TOOL	LEVEL OF KNOWLEDGE	USAGE	ISSUE
1. Nutrition	_____	_____	_____
2. Sleep	_____	_____	_____
3. Exercise: aerobic	_____	_____	_____
Exercise: weights	_____	_____	_____
4. Meditation	_____	_____	_____
5. Imagery/Visualization	_____	_____	_____
6. Skills Training	_____	_____	_____
7. Relaxation Techniques	_____	_____	_____
8. "Flow State", "The Zone"	_____	_____	_____
9. Moods	_____	_____	_____
10. Decision-making Tools	_____	_____	_____

Issues Checklist:

1. Sleep _____
2. Health _____
3. Injuries _____
4. Eating / Weight _____
5. Mood _____
6. Relationships
 - w/ Teammates: _____
 - w/ Coach: _____
 - w/ S. O.: _____
 - w/ Parent(s): _____
7. Work / School: _____
8. Development / Career: _____

Personal Background ~ Family Genogram:



Notes: