



REQUEST FORM – SPORTS PSYCHOLOGY

Please complete this form if you are a Scholarship/TAP athlete who requests to see a Sports Psychologist.

| | | | | | | | | | |
|---|---|------------|------------|------------|------------|-----|------|------|------|
| Name: | | | | | | | | | |
| SID: | | | | | | | | | |
| Sport: | | | | | | | | | |
| Coach: | | | | | | | | | |
| Grade: | | | | | | | | | |
| Phone: | | | | | | | | | |
| Email: | | | | | | | | | |
| Reason you would like to see a sports psychologist: | | | | | | | | | |
| Have you seen a sports psychologist before? | | | | | | | | | |
| Preferred appointment time (please circle): | <table style="margin: auto; border: none;"> <tr> <td>Wed</td> <td>Wed</td> <td>Wed</td> <td>Wed</td> </tr> <tr> <td>9am</td> <td>10am</td> <td>11am</td> <td>12pm</td> </tr> </table> | Wed | Wed | Wed | Wed | 9am | 10am | 11am | 12pm |
| Wed | Wed | Wed | Wed | | | | | | |
| 9am | 10am | 11am | 12pm | | | | | | |

OFFICE USE ONLY:

Signed _____

Date Requested _____

Appointment day/ time: _____