

Trevor Hall
Counselling Psychologist
M.A. (Counselling Psych) (UJ)
Practice No. 0751456
HPCSA No. PS 0139858
HCPC No. PYL039116

Date: _____

Sports Injury Initial Interview Form:

Patient Name: _____

Sport: _____

Amateur or Professional: _____

Date of Birth: _____

Age: _____

Identification Number: _____

Highest Level of Education: _____

Telephone Number: _____

Address: _____

Email Address: _____

Medical Aid/Insurance: _____

Medical Aid/Insurance No: _____

Principal Member: _____

Emergency Contact Person: _____

Telephone Number: _____

Person Responsible for Account: _____

Telephone Number: _____

Email Address: _____

Conditions/Consent for Psychological Services:

This is a cash practice. Fees are expected to be paid in full on receipt of invoice. All sessions not cancelled at least 24 hours in advance will be charged for at the full rate.

I have read and understand the terms and conditions of these psychological services and consent to engage in this psychotherapeutic process.

Patient Name: _____ Signature: _____

Injury Diagnosis: What injury have you sustained?

Previous Injuries: Have you recovered from any previous injuries? Did you experience any specific difficulties with your previous recovery processes – emotionally, mentally, socially?

Current injury: When did the injury occur? Did it require surgery to correct? If yes, when?

Injury prognosis: What will the likely outcome of your injury recovery be? Full or partial recovery? Recovery time?

Injury experience? Briefly explain how you were injured.

Pre-injury mindset: Please write a few lines about how you were feeling about yourself and competition during the week leading up to your injury.

Initial reaction to injury? What did you feel and think at the time of injury?

Present recovery experience: What are you experiencing at the moment? Mentally, Emotionally, and Socially.

Support structures: Do you feel as though you have support structures who understand what you are going through at the moment? List your network of support if you can – from strongest to weakest.

Psychological skills: What personal, psychological skills do you possess that you think will assist you in your recovery process?

Goals:

What do you want to achieve for yourself during this recovery period?

What would you like for yourself in five years' time?

Pain Level: What is your current level of pain out of 10 (0 = no pain, 10 = excruciating). What makes the pain worse? What makes the pain better?

Current medication/substance use: Are you taking any pain, psychiatric, or sleep medication? Are you using any other substances e.g. alcohol or drugs? If yes, how much? Has your alcohol or drug consumption increased or decreased since your injury?

Symptoms:

Are you experiencing any hallucinations or delusions? Do you sometimes see things that are not there or hear voices that seem to speak only to you?

Have you ever experienced head trauma and lost consciousness at all? Do you ever experience seizures of any kind? Are you constantly dizzy? Do you ever experience feeling unreal or dissociated from yourself or reality?

Mood: Please describe your current mood that you experience most of the day every day. Can you experience pleasure in anything recently? How are you sleeping? How are you eating? Are you irritable at all? Do you have trouble concentrating recently? Do you feel energised or fatigued?

Anxiety: Do you worry constantly about things? If yes, what? Do you ever experience strange or nasty thoughts that you cannot get rid of? Do you ever experience heart palpitations, sweaty palms, trouble breathing, or body shaking when you are nervous? If you experience anxiety ever, do you know what triggers it? Do you ever engage in specific behaviours that you repeat in order to stop disturbing thoughts?

Dreams: Can you remember your dreams? Do you have nightmares ever? Do you have any recurring dreams? What do you feel when you wake up after a nightmare?

ADHD: Have you ever been diagnosed with ADHD?

Trauma: Have you ever been exposed to an event that you would consider to be traumatic?
If yes, did you receive counselling? Are you able to talk about the event without becoming
overwhelmed? Do you ever avoid places or thoughts that remind you of the event?

Summary of Reason for Therapy: Please fill in anything else you feel would help me
understand you and the reasons for you seeking psychotherapy.

Therapist Name: _____ Signature: _____