

Name: _____ Date of Birth: ____/____/____ Sex: M / F

Dance History

School/Company: _____

Type of Dance You Mainly Study:

Current Level of Training:

____ Ballet

____ Professional

____ Choreographer

____ Modern

____ Student

____ Recreational

____ Jazz

____ Teacher

____ Other: _____

In what type of dance shoes do you most often train and perform?

____ None (barefoot)

____ Jazz oxfords

____ Ballet slippers

____ Pointe shoes

____ Character shoes

____ Other: _____

1. How many hours of class do you take in a typical week? _____ Hours

2. How many hours do you rehearse and perform in a typical week? _____ Hours

3. Do you do any other fitness training or activities besides dance?

If yes, what types of activities? _____

How many hours per typical week? _____ Hours

Medical Complaint

1. What is your present injury/problem?

a) Part of body: _____

b) How did this injury happen? Circle one: Traumatic Accident / Slow Onset

Please describe in further detail (i.e., a fall or collision, slow onset over time):

c) When did the injury occur? (date of injury and time of day) _____

How long have you had this problem? _____

d) Is this a work-related injury? **Yes/No**

If yes, have you completed a workers' compensation claim? **Yes/No**

e) Are you currently working? **Yes/No**

If yes, to what extent are you able to work? _____

f) Where were you when the injury occurred? (i.e., in the studio, on stage, outdoors)

g) Was the performance surface raked (on an incline)? **Yes/No**

h) Were there any special circumstances at the time of the injury that you feel may have been a factor in sustaining the injury? (i.e., your costume, a slippery floor, poor lighting)

2. What other treatments have you had for this problem?

3. What makes it feel better?

4. What makes it feel worse?

5. What are your goals for treatment?
