

**DANCER INTAKE AND MEDICAL HISTORY**

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Problem: \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Onset Date: \_\_\_\_\_

Date of Surgery/Pending Surgery: \_\_\_\_\_ Procedure: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Name of parent, spouse / significant other: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Primary MD: \_\_\_\_\_ Referring MD: \_\_\_\_\_

Employer / School Name and Phone: \_\_\_\_\_

Emerg. Contact and Phone: \_\_\_\_\_

REFERRED HERE BY: \_\_\_\_\_ Dance School: \_\_\_\_\_

If working please describe: \_\_\_\_\_

Are you a Dance Student? \_\_\_\_\_ Teacher? \_\_\_\_\_ Performer? \_\_\_\_\_ # Years Dancing? \_\_\_\_\_

Styles of dance: \_\_\_\_\_ Pointe: Y N Pre-Pointe: Y N

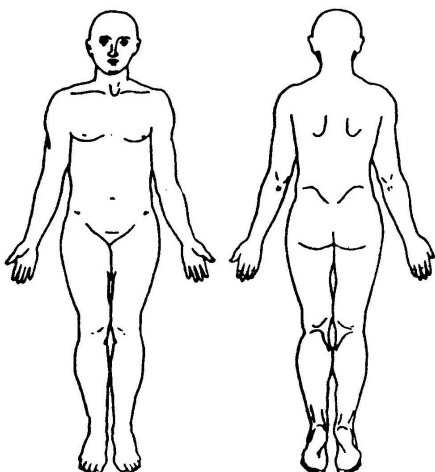
Average # hours of dance per week: \_\_\_\_\_ Most # hours of continuous dance in one day: \_\_\_\_\_

Dance is: \_\_\_ Fun/Recreational \_\_\_ A goal for high school/college \_\_\_ Career path or current professional

Note how many hours you dance next to the day: S \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ S \_\_\_

Other sports, activities: \_\_\_\_\_

Please use key to demonstrate pain/symptoms below:



Numbness -----	Pins & Needles ^^^^^^
Burning xxxxxxxx	Sharp/Stabbing //////////////
Cold 00000000	Achy )))))))
Throbbing zzzzzzzz	Other ++++++ (describe*)

Which of the following provoke or increase your symptoms:

\_\_\_ relevé \_\_\_ plie \_\_\_ jump take off \_\_\_ jump landing

\_\_\_ turns \_\_\_ cambres (back bends) \_\_\_ gestures (leg lift)

Other: \_\_\_\_\_

NAME: \_\_\_\_\_

If your problem is at a joint, do you experience: \_\_\_popping \_\_\_locking \_\_\_cracking \_\_\_snapping

What activities increase your symptoms?

\_\_\_ Standing \_\_\_ Sitting \_\_\_ Walking \_\_\_ Driving \_\_\_ Kneeling \_\_\_ Twisting \_\_\_ Reaching \_\_\_ Bending

\_\_\_ Rising \_\_\_ Lifting Stairs: \_\_\_going up \_\_\_going down \_\_\_Squatting Other: \_\_\_\_\_

Any symptoms other than pain that you may experience with the above checked activities:

What eases your symptoms?

\_\_\_ Heat \_\_\_ Cold \_\_\_ Medication \_\_\_ Rest \_\_\_ Position Change Other: \_\_\_\_\_

Is your condition overall: \_\_\_ Improving \_\_\_ Getting Worse \_\_\_ Staying the same

Have you had any of the following tests for this problem? \* \_\_\_ X-Ray \_\_\_ MRI \_\_\_ Ultrasound

\_\_\_ CT Scan \_\_\_ Bone Scan \_\_\_ EMG \_\_\_ Nerve Conduction Other: \_\_\_\_\_

*\*If yes to above, please bring any reports, images, etc. to your first appointment*

Have you had any treatment for this problem in the past? \_\_\_ Yes \_\_\_ No Please Describe: \_\_\_\_\_

Please circle any of the problems you have or have had in the past:

Diabetes	Bowel/Bladder Problems	Any Allergies	Kidney Problems
Chest Pain	Urine Leakage	Osteoporosis(penia)	Eating Disorders
High Blood Pressure	Asthma/Breathing Problems	Poor Cold Tolerance	Cancer
Heart Disease	Liver/Gallbladder Problems	Other Allergies	Surgeries
Heart Attack	Fractures (broken bones)	Hernia	Skin Abnormalities
Heart Palpitations	Hypoglycemia	Seizures	Irregular periods
Pacemaker	Special Diet Guidelines	Metal Implants	Nausea/Vomiting
Headaches	Rheumatoid Arthritis	Dizziness/Fainting	Sexual Dysfunction
Sprains	Broken Bones	Other: _____	

Do you menstruate? \_\_\_Y \_\_\_N Are your periods regular? \_\_\_Y \_\_\_N Do you smoke now? \_\_\_ In the past? \_\_\_

Explain briefly any circled above and approximate dates of onset: \_\_\_\_\_

Have you ever taken: ciprofloxacin (Cipro), levofloxacin (Levaquin) or other medications ending in -cin or xin? Y N

Please list (or provide list of) current medications: \_\_\_\_\_

Please list the activities of daily living and recreational activities that are MOST limited by your condition

Daily Activity (i.e. driving, dressing, house chores)	Somewhat Limited	Very Limited	Unable to Do
Work/Dance/Sports/Hobbies/Extra Curricular Activities			

Your goals to meet with PT? \_\_\_\_\_

Signature \_\_\_\_\_

(Patient or parent/guardian if minor)

Date: \_\_\_\_\_