

Dancer's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

# Dance History

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## Background

Age: \_\_\_\_\_ years \_\_\_\_\_ months

School/ Company where you primarily study or perform \_\_\_\_\_

How many years have you been dancing? \_\_\_\_\_ How many years of ballet? \_\_\_\_\_

Do you currently dance on pointe?  NO  YES If yes, at what age did you begin? \_\_\_\_\_

Dance type preferred:  Ballet  Modern  Other \_\_\_\_\_

How many HOURS of **BALLET** classes do you currently take per week? \_\_\_\_\_

Do you want to become a professional dancer?  NO  YES  Not sure

## Social History

Do you play other sports?  NO  YES Which ones? \_\_\_\_\_

Do you do any **OTHER** form of exercise regularly (running, weight lifting, yoga, etc.)?  NO  YES

If yes, please describe what you do \_\_\_\_\_

How many times per week \_\_\_\_\_

On average, how many hours of sleep do you get each night? \_\_\_\_\_

Do you diet to maintain your weight?  NO  YES

Please describe your eating habits (vegan, picky eater, etc.) or any dieting techniques:

\_\_\_\_\_

# Medical History

Have you started your period?  NO  YES Age of onset \_\_\_\_\_

If so, have you missed any periods in the past year?  NO  YES

Have you had any kind of injury that required you to take time off from dance?  NO  YES

If so, what kind of injury \_\_\_\_\_

When did it occur \_\_\_\_\_

How did it happen \_\_\_\_\_

Did you see a doctor?  NO  YES

How was it treated? \_\_\_\_\_

Do you currently have any pain in your feet or ankles?  NO  YES

If so, please describe \_\_\_\_\_

I authorize Dr. Heather Snyder to administer podiatric screening tests, which may include: postural assessment, manual muscle testing, flexibility testing, functional testing, and/ or radiographic evaluation. I understand that Dr. Snyder may recommend specific exercises, use of orthotic braces or devices, or follow up referrals for further evaluation for the prevention of injuries and/ or to maintain the general wellness of the dancer.

I  do  do NOT authorize Dr. Snyder to discuss the results of my screening with my dance instructor(s).

\_\_\_\_\_  
Name of dance instructor(s)

Signature of dancer \_\_\_\_\_ Date \_\_\_\_\_

If dancer is a minor:

Print name of parent/ guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_