HEALTH CONCERN COMMUNICATION FORM
A Resource for Dancers, Dance Educators, and Healthcare Professionals

Suggestions for dancers
Use this form to help you communicate your health concern with teacher(s) and health practitioner(s). Remember, injury prevention is just one component of health and wellness. A “health concern” can be anything physical, mental, or emotional that affects you, as a dancer.

DANCER: _______________________________ (Name)

• Describe your dance activities, including the dance forms you practice and how often (how many days per week, how many hours per day).

________________________________________________________________________________________
________________________________________________________________________________________

• Describe in detail your symptoms, including what aggravates the problem and when.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• What are your specific recovery goals?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• Notes/questions:

________________________________________________________________________________________
________________________________________________________________________________________

Consent for release of medical information:
Fill out this consent prior to sharing this form with your teacher and/or healthcare provider.

I, _________________________________________ (print name / name of parent or guardian), give permission for my / my child’s health provider, _______________________________________ (print provider’s name), to share any and all pertinent information regarding ___________________________________ (print dancer’s name), with dance teachers and health care professionals involved in the dancer’s training and health care.

Signature / Parent or Guardian Signature: ____________________________ Date: _____/_____/_____

*For more information see HDC’s resource Suggestions for Discussing Health Concerns

www.healthydancercanada.org
Suggestions for teachers and clinicians

Include this form with your registration package/history taking. Leave blank copies of this form in your studio, school, or clinic. Encourage open, honest communication while respecting privacy. Watch for patterns – this will help identify your dancers’ needs and promote a wellness plan/prevention program for your studio/clinic.

DANCE EDUCATOR: _______________________________ (Name) Date: _____/_____/_____
_____________________________ (Contact Information)

• What, if any, changes have you observed in the dancer?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• What, if any, technical issues have you observed that may be contributing to the dancer’s issues?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• Notes/questions:
________________________________________________________________________________________
________________________________________________________________________________________

HEALTHCARE PROFESSIONAL: _______________________________ (Name) Date: _____/_____/_____
_____________________________ (Contact Information)

• What is your diagnosis? Please use both medical terms and a brief common description.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• What rehabilitation protocol/exercises/changes/modifications do you recommend and for how long?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• Notes/questions:
________________________________________________________________________________________
________________________________________________________________________________________

*For more information, see HDC’s resource Translating the Language of Dance and Science.*