



# 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).

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

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- What are your specific recovery goals?

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- Notes/questions:

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### 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*



## 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?

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- What, if any, technical issues have you observed that may be contributing to the dancer's issues?

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- Notes/questions:

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**HEALTHCARE PROFESSIONAL:** \_\_\_\_\_ (Name) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ (Contact Information)

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

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

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- Notes/questions:

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