



# Healthy Dancer Canada

The Dance Health Alliance of Canada

## HEALTH CONCERN COMMUNICATION FORM

for the Dancer, Dance Educator, and Health Care Professional

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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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\*For more information, see our Resource Page *Suggestions for Discussing Health Concerns*.

### CONSENT:

*Consent for release of medical information*

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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) \_\_\_\_\_ (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 difficulties?

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- Notes/questions:

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**HEALTH CARE PROFESSIONAL:** \_\_\_\_\_ (Name) \_\_\_\_\_ (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 do you recommend?

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- What, if any, specific movements do you recommend the dancer avoid and for how long?

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- Notes/questions:

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\*For more information, see our Resource Page *Translating the Language of Dance and Science*.

Please send any feedback to the Resource Committee at [resources.healthydancercanada@gmail.com](mailto:resources.healthydancercanada@gmail.com).