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).
  ________________________________________________________________
  ________________________________________________________________

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

• What are your specific recovery goals?
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

• Notes/questions:
  ________________________________________________________________
  ________________________________________________________________

*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?
  ________________________________________________________________________________
  ________________________________________________________________________________

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

• Notes/questions:
  ________________________________________________________________________________
  ________________________________________________________________________________

HEALTH CARE PROFESSIONAL: __________________ (Name) ____________________ (Contact Information)

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

• What rehabilitation protocol/exercises/changes do you recommend?
  ________________________________________________________________________________
  ________________________________________________________________________________

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

• Notes/questions:
  ________________________________________________________________________________
  ________________________________________________________________________________

*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.