

**PHYSICALEDGE**

— HEALTHCARE —

PHYSIOTHERAPY | REHABILITATION | SPORTS INJURY  
NUTRITION | DIETETICS

## **DANCE SCREENING / EN POINTE ASSESSMENT APPOINTMENT INFORMATION**

En Pointe Assessment appointments are held at Physical Edge Healthcare which is located at 418-420 Lawrence Hargrave Drive Thirroul (Corner of High Street and LHD).

To help us with the evaluation, please read the following information before the appointment:

- ]] The assessment will last approximately 45 minutes.
- ]] Please complete the 'Dance Screening' and 'Consent Form' prior to your appointment. You can download a digital form via our website [www.physicaledgehealth.com/dance.html](http://www.physicaledgehealth.com/dance.html) then email it to [info@physicaledgehealth.com](mailto:info@physicaledgehealth.com) or bring it with you to the appointment.

We ask that you arrive 15 minutes early if you have not completed the form.

- ◆ You will need shorts and a t-shirt.

Be advised the Dance Assessment is intended only to evaluate your unique tendencies. You may receive advice for an active injury, and a diagnosis for any injury complaints, but additional consultations may be required for further treatment. What you will receive is information designed to help you determine your strengths, weaknesses, and injury risks. If the physiotherapist determines that you have an injury that requires ongoing treatment, this will be explained during your assessment.

Please call (02) 4268 4884 if you have any questions or additional information requests.

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## DANCE SCREENING FORM

### Personal History

- ◆ Name: \_\_\_\_\_
- ◆ Date of Birth: \_\_\_\_\_
- ◆ Address: \_\_\_\_\_
- ◆ Sex:      Male    /      Female
- ◆ School/Company where you primarily study or perform: \_\_\_\_\_  
\_\_\_\_\_
- ◆ Phone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_
- ◆ Email: \_\_\_\_\_
- ◆ How did you hear about our Dance Screening Assessment & Injury Prevention Program?  
\_\_\_\_\_  
\_\_\_\_\_
- ◆ How many hours of each dance style do you practice per week?  
Ballet: \_\_\_\_  
Jazz: \_\_\_\_  
Contemporary: \_\_\_\_  
Lyrical: \_\_\_\_  
Other: \_\_\_\_

If you mainly study other dance styles, identify style/s and how many hours you study them per week:

\_\_\_\_\_  
\_\_\_\_\_

- ◆ Are you a professional dancer? Yes/ No
- ◆ Do you have any other job(s)? Yes/ No  
If yes, describe what that job(s) is: \_\_\_\_\_  
\_\_\_\_\_

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- ◆ How many hours of class do you take in a typical day? \_\_\_\_\_
- ◆ How many performance weeks do you have in a typical year? \_\_\_\_\_
- ◆ As far as you know, when are your next upcoming performances? \_\_\_\_\_  
\_\_\_\_\_
- ◆ How many extra hours of training do you do per week in the lead up to these performances?  
\_\_\_\_\_
- ◆ At what age did you begin serious dance training? \_\_\_\_\_
- ◆ Do you do any other form of exercise on a regular basis? Yes / No  
If yes, describe that exercise:

Type of exercise (weight lifting, aerobics, Pilates, yoga, running, swimming, bicycling):  
\_\_\_\_\_

Frequency (number of times per week you do this exercise): \_\_\_\_\_

Intensity [1=very easy & 10=hardest exercise possible]  
how hard is your exercise program for you to do?

Circle one choice: 1 2 3 4 5 6 7 8 9 10

Duration (how long do you typically exercise)? \_\_\_\_\_ minutes per session

- ◆ Are you currently on any medication (including aspirin or Nurofen-type anti-inflammatory)?  
Yes / No  
If yes:  
What medication, how often, in what dose? \_\_\_\_\_  
  
For what condition? \_\_\_\_\_
- ◆ What medical problems run in your family? \_\_\_\_\_  
\_\_\_\_\_
- ◆ Have you ever had surgery? Yes / No  
If yes:  
What type of surgery, where and when? \_\_\_\_\_

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- 
- ◆ Have you ever been hospitalized? Yes / No

If yes:

Why and for how long? \_\_\_\_\_

- 
- ◆ Do you have any of the following medical conditions?

Headaches / nausea / vomiting \_\_\_\_\_

Contact lenses or glasses \_\_\_\_\_

Seizures \_\_\_\_\_

Hearing aids or dentures \_\_\_\_\_

History of cancer \_\_\_\_\_

Chronic cough \_\_\_\_\_

Fever / night sweats \_\_\_\_\_

Pain (describe): \_\_\_\_\_

Dizziness / fainting \_\_\_\_\_

Other: \_\_\_\_\_

Diabetes: Yes / No

If yes, do you take insulin? Yes / No

- ◆ How much do you currently weigh? \_\_\_\_\_ (Kg). How tall are you? \_\_\_\_\_ (cm)

- ◆ Do you diet to maintain your weight? Yes / No

If yes:

Describe your diet technique: \_\_\_\_\_

- 
- ◆ About how many calories do you think you eat in a typical day? \_\_\_\_\_

- ◆ Generally, do you feel you eat well? Yes / No    Do you take vitamin supplements? Yes / No

- ◆ Generally, do you feel you sleep well and you sleep enough? Yes / No

If no, explain: \_\_\_\_\_

- 
- ◆ Do you take calcium supplements? Yes / No

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- ◆ Are you satisfied with your body weight? Yes / No  
If no: What weight would you prefer to be? \_\_\_\_\_(Kg)
  
- ◆ How many hours do you train in each of the following footwear?  
None (barefoot)\_\_\_\_\_ Jazz oxfords\_\_\_\_\_  
Ballet slippers\_\_\_\_\_ Pointe shoes\_\_\_\_\_  
Character shoes\_\_\_\_\_ Other: \_\_\_\_\_
  
- ◆ Do you wear orthotics in your shoes? Yes / No  
If yes, what type and for how long? \_\_\_\_\_  
If yes, do you wear them: In all shoes / In dance shoes only / In street shoes only
  
- ◆ Do you dance on sprung wood floors? Always / Usually / Often / Sometimes / Rarely / Never
- ◆ Do you warm-up before class? Always / Usually / Often / Sometimes / Rarely / Never
- ◆ What does your warm-up consist of? \_\_\_\_\_  
\_\_\_\_\_
  
- ◆ Do you stretch after class or exercise? Circle one:  
Always / Usually / Often / Sometimes / Rarely / Never

## Women

- ◆ At what age did you get your menstrual period? \_\_\_\_\_years old
- ◆ Is your period regular, i.e. do you get it every 28-35 days? Yes / No

## Men

- ◆ At what age did you first get facial hair, i.e. a beard? \_\_\_\_\_years old

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## Medical Complaint

◆ Do you have any presenting injuries or concerns?

a. Part(s) of body: \_\_\_\_\_  
\_\_\_\_\_

b. How did this injury/problem happen? Traumatic Accident / Slow Onset

c. What are your current symptoms? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. How long have you had this problem? \_\_\_\_\_ years / month / weeks / days

e. Have you had this same problem before? Yes / No

If yes:

When, how long did it last, and what made it better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Have you had physical therapy or other medical treatment of any kind for this problem? Yes / No

If yes:

Describe treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Did you get better? Yes / No

h. What other injuries / problems have you had in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i. What do you hope to get out of today's visit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EN POINTE ASSESSMENT CONSENT FOR EVALUATION

I authorise Physical Edge Healthcare Physiotherapists and Exercise Physiologists in charge of the injury prevention assessment of:

Name: \_\_\_\_\_

to administer orthopaedic screening tests, which may include: postural assessment, manual muscle testing, flexibility testing, functional testing and to recommend exercise or other follow-up referrals for the prevention of injuries and/or for general wellness guidelines in the assessment of this voluntary, injury-prevention assessment participant.

I have read and fully understand the above consent, and all of my questions have been answered. All blanks or statements requiring insertion or completion were filled in before I signed.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If participant is a minor complete the following:*

Participant (is a minor \_\_\_\_\_ years of age)

Print Name of Parent or Guardian: \_\_\_\_\_

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