



Injury Consultation Form

The purpose of this form is to aid this professional dance artist to make an informed and clear decision in regards to their ability to SAFELY and PROFESSIONALLY continue on the dance contract they are currently engaged in.

A dance artist faces incredible personal pressure to resume work when injured: there are fears of job/income loss, loss of standing with their employer, and the need to dance as a definition of self. Too often these fears will lead to sacrificing long-term health to short-term commitments.

The information you, as the consulted practitioner, give on this form will aid the dance artist and their employer to determine the best possible outcome for both the dance artist and the project they are currently employed on.

Practitioner

Name: _____

Occupation: _____

Address of Office: _____

Phone Number: _____

Dance Artist

Name: _____

Current Contract(s): _____



Type of Injury: _____

Date of Injury: _____

Severity: _____

Recommended Healing Regime:

Cold Heat Rest Elevation

Non-Weight bearing Exercise Weight-bearing Exercise

Physiotherapy Massage Surgery Other(specify) _____

Medication Prescribed: _____

Recovery Time to Full Use (extreme demands):

Projected Injury Recovery Rate (days,weeks,months):

Extension/Rotation: _____

Flexion: _____

Weight bearing: _____

Turning/Torsion: _____

Jumping/Running: _____

Impact/Quick Changes of Direction/Rapid Stabilizing: _____