IMPORTANT INFORMATION:
How the Dance Clinic Works

Welcome to the Dance Clinic of the Harkness Center for Dance Injuries. The clinic is staffed by a team of senior health professionals (orthopaedists, sports medicine physicians, physical therapists, athletic trainers) specially trained in dance medicine. The Harkness Center is part of the NYU Langone Medical Center, a teaching hospital where junior physicians are trained under the supervision and guidance of the senior staff.

You will be evaluated by several medical professionals during your visit to the dance clinic today. First, a junior physician in the NYU Langone Medical Center will interview and examine you. A senior dance physical therapist or athletic trainer may also be present in the room during this examination.

Following this, a senior physician specializing in the treatment of dance injuries (either an orthopaedic surgeon or a sports medicine physician) will evaluate you. This evaluation will often include teaching and discussion with the other clinical staff.

The senior physician will discuss your diagnosis with you and may recommend further diagnostic testing such as x-ray, MRI, or bone scan. A treatment plan which may include home exercises, dance technique modification, physical therapy, bracing, shoe inserts, medication, injection, and/or surgery will be proposed and discussed. Our healthcare team will address all questions and concerns that you have.

Because the Harkness Center for Dance Injuries is recognized globally for its leadership and expertise in the area of dance medicine, we receive requests from healthcare practitioners worldwide to visit and observe our physicians, physical therapists and athletic trainers at work. Therefore, on occasion, there may be medical observers (other than those already mentioned above) present in the exam room. In keeping with the hospital’s privacy practices, all persons will be introduced to you and if you wish, you may request that only the NYU Langone Medical Center personnel remain in the room.

The Harkness Center for Dance Injuries is committed to providing you with quality health care from experienced professionals in dance medicine. It is important to us that your injury be thoroughly evaluated and that all of your questions and concerns be addressed. Please keep in mind that this type of comprehensive evaluation takes time. As a result, your visit with us today is likely to take longer than a typical visit to a physician’s private office.

If you would prefer a more private or one-on-one evaluation, you may request to be scheduled for an appointment at the senior physician’s private office. Please let us know.
NYU Hospitals Center is proud of its not-for-profit mission to provide quality care to all who need it. Persons shall not be denied admission as a patient on the basis of sex, sexual preference, creed, age, national origin, religion, marital or parental status, handicap, color, or source of payment (within federal and state regulations).

If you do not have adequate health insurance and worry that you may not be able to pay in full for your care, we may be able to help. NYU Hospitals Center provides financial accommodation to patients based on their income, assets, and needs. In addition, we may be able to help you get free or low-cost health insurance or work with you to arrange a manageable payment plan.

It is important that you let us know if you will have trouble paying your bill; federal and state laws require all hospitals to seek full payment of what they bill patients. This means we may turn unpaid bills over to a collections agency, which could affect your credit status.

For more information, please contact our Financial Counseling Office at 1-212-598-6503. We will treat your questions with confidentiality and courtesy.

Applications are accepted via U.S. postal mail or in person. To submit an application in person an appointment is required. Please call Ms. West to arrange an appointment.

Tessa West
Patient Financial Counselor
NYU Hospital for Joint Diseases
301 East 17th Street
Room 528
New York, NY 10003
T: 212-598-6503
Name: ________________________________
Date of Birth: _______ / _______ / _______  Sex: □ M □ F
Social Security ______-____-_______
Race: □ African-American □ Asian □ Caucasian □ Hispanic □ Other: __________
Address: ____________________________________________________________
City: __________________ State: _______ ZIP: __________
Primary Phone: _______ - _______ - __________

Emergency Contact Information:
Name: ____________________________
Relation: __________  Phone: ________________

Health Insurance Information:
Name of Insurance Co: ______________________________
Name of Policy Holder: __________________________
Policy #: ___________________  Group#: ___________________
Insurance Co Phone #: _______ - _______ - __________
Is policy holder the guarantor? Yes / No  If no, name & address of person to be billed: ____________________________________________________________________
Date of birth of guarantor: _______ / _______ / _______

Primary Healthcare Provider Information:
Name: ____________________________
Phone: ___________________  Fax: ________________
Address: ____________________________________________________________

Orthopedic History:
Check any orthopedic injury you have had and describe below.
Circle any injury that caused you to completely stop dance activity, meaning class, rehearsal or performance outside of the date of injury itself

□ Ankle / Foot:
  □ arthritis
  □ impingement
  □ os trigonum
  □ sesamoiditis
  □ stress fracture
  □ other_____________________

□ Lower Leg / Shin:
  □ compartment syndrome
  □ myositis
  □ stress fracture

□ Knee:
  □ arthritis
  □ bursitis
  □ chondromalacia
  □ iliobibial band syndrome
  □ ligament sprain/rupture (ACL, medial collateral)
  □ other_____________________

□ Thigh:
  □ femur fracture
  □ muscle strain / tear
  □ other_____________________

□ Hip / Pelvis:
  □ arthritis
  □ bursitis
  □ dislocation
  □ fracture
  □ growth plate injury
  □ other_____________________

□ Lumbar-Sacral Spine (low back):
  □ arthritis
  □ disc herniation/protrusion
  □ facet syndrome
  □ fracture
  □ pinched nerve
  □ sacroiliac sprain / dysfunction
  □ other_____________________

□ Cervical / Thoracic Spine (neck / mid back)/Ribs:
  □ arthritis
  □ disc herniation/protrusion
  □ facet syndrome
  □ fracture
  □ pinched nerve
  □ scoliosis
  □ other_____________________

□ Shoulder:
  □ acromioclavicular joint sprain/separation
  □ arthritis
  □ bursitis
  □ dislocation/subluxation
  □ other_____________________

□ Elbow / Wrist / Hand:
  □ arthritis
  □ carpal tunnel syndrome
  □ dislocation
  □ fracture
  □ osteoarthritis (bone chip in joint)
**Family History:**

Has anyone in your family been diagnosed with a medical condition?

- Arthritis
- Diabetes
- Cancer
- Heart problem
- Hypertension
- Osteoporosis
- Pacemaker/implanted defibrillator
- Psychological
- Seizure
- Stroke
- Unexplained fainting
- Other

Give details for any items to the left checked:

<table>
<thead>
<tr>
<th>Medical History: Check any medical conditions that you have been diagnosed with:</th>
<th>Give dates and treatments for any of the items to the left checked:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Anemia</td>
<td>□ Enlarged spleen</td>
</tr>
<tr>
<td>□ Asthma</td>
<td>□ Heart murmur</td>
</tr>
<tr>
<td>□ Atlantoaxial instability</td>
<td>□ Hepatitis</td>
</tr>
<tr>
<td>□ Concussion</td>
<td>□ Herpes or MRSA infection</td>
</tr>
<tr>
<td>□ Connective tissue/rheumatologic disease</td>
<td>□ High blood pressure</td>
</tr>
<tr>
<td>□ Depression</td>
<td>□ High cholesterol</td>
</tr>
<tr>
<td>□ Diabetes</td>
<td>□ Kawasaki disease</td>
</tr>
<tr>
<td>□ Difficulty controlling bowel</td>
<td>□ Mono (infectious mononucleosis)</td>
</tr>
<tr>
<td>□ Difficulty controlling bladder</td>
<td>□ Osteopenia or osteoporosis</td>
</tr>
<tr>
<td>□ Easy bleeding</td>
<td>□ Numbness, tingling, or weakness in arms</td>
</tr>
<tr>
<td>□ Endocarditis/heart infection</td>
<td>□ Endocarditis/heart infection</td>
</tr>
</tbody>
</table>

Have you ever been hospitalized? □ Yes □ No

If so, describe and give date(s):

Have you ever had surgery? □ Yes □ No

If so, describe and give date(s):

Do you take any medications or supplements?

□ Prescription medication □ Herbal supplement □ Over-the-counter medication

□ Calcium supplements □ Daily vitamin □ Other

If so, please list:

Do you have any allergies?

□ Medication □ Stinging insects □ Food □ Environmental □ Other

If so, please list all allergies and reaction to allergen(s):

Are your vaccinations complete and up-to-date? □ Yes □ No

Give details for any items to the left checked:

Have any of the above injuries required x-rays, MRI, CT scan, injections, physical/occupational therapy, a brace, a cast, or crutches: □ Yes □ No

If yes, please state which injuries and tests and give dates:

Do any of the above injuries still bother you? □ Yes □ No

If yes, describe:
Has any family member died of heart problems or had an unexplained sudden death before age 50? □ Yes □ No

General Health:

Please rate your health: □ Excellent □ Good □ Fair □ Poor

What is your height and weight? _______ Feet _______ Inches _______ Pounds

Do you currently smoke tobacco? □ Yes □ No If so, cigarettes/cigars per day? __________

How many alcoholic drinks do you have per week on average (one beer/glass of wine equals one drink)? _______

Have you ever felt you need to cut down on your drinking? □ Yes □ No

Are you on a special diet or do you avoid certain types of foods? □ Vegetarian □ Vegan □ Other __________

Do you worry about your weight? □ Yes □ No

If you are not satisfied with your weight, what is your ideal weight? __________ Pounds

Has anyone recommended that you gain or lose weight?
 □ Dance teacher/director □ Family member □ Doctor/medical professional □ Peer
 □ No one has recommended weight change □ Other __________

Is your weight stable or does it often fluctuate (>10 lbs)? □ Stable □ Fluctuate

Have you ever had an eating disorder? □ Yes □ No

On a typical day, how many hours do you sleep? __________ hours

Do you feel that this is adequate for you? □ Yes □ No

Have you had any major life changes during the past year? □ Yes □ No

Do you feel stressed out or under a lot of pressure? □ Yes □ No

During the past month, have you felt down, depressed, or hopeless? □ Yes □ No

During the past month, have you lost interest or pleasure in doing things you usually like to do? □ Yes □ No

Within the last 6 months, have you had recurrent abdominal pain or discomfort ("discomfort" means an uncomfortable sensation not described as pain.)? □ Yes □ No

If yes, during the last 3 months, has your abdominal pain or discomfort occurred at least 3 days per month? □ Yes □ No

If yes, does this abdominal pain or discomfort improve with defecation? □ Yes □ No

If yes, is the onset of abdominal pain or discomfort associated with a change in frequency in stool? □ Yes □ No

If yes, is the onset of abdominal pain or discomfort associated with a change in form (appearance) of stool? □ Yes □ No

Women:

Age of first menstrual period: ________ Do you currently get a regular menstrual period (every 28-35 days)? □ Yes □ No

Has your menstrual period always been regular? □ Yes □ No

At what age did the irregular pattern exist? __________

How long did the irregular pattern exist? __________

What was the length between cycles? __________

Do you use a form of birth control that gives you estrogen supplementation? □ Yes □ No

Dance History:

Which of the following best describes you?

□ Choreographer □ Professional-track dance student □ Professional dancer □ Recreational dancer

□ Teacher □ Other __________
What is your primary type of dance?  
☐ Ballet  ☐ Modern  ☐ Musical Theater  ☐ Jazz  ☐ Hip-hop  ☐ African  
☐ Tap  ☐ Ballroom  ☐ Other: ________________________

Name of Primary Dance School or Company: _________________________________________________________

Number of years of professional dancing? __________

At what age did you begin serious dance training? __________

If pointe, at what age did you begin pointe work? __________

How many hours of class do you take in a typical week?  
☐ 0  ☐ 1-5  ☐ 6-10  ☐ 11-15  ☐ 16-20  ☐ >20

How many hours do you rehearse and perform in a typical week?  
☐ 0  ☐ 1-5  ☐ 6-10  ☐ 11-15  ☐ 16-20  ☐ >20

How many hours per day do you typically train en pointe?  
☐ 0  ☐ 1-5  ☐ 6-10  ☐ 11-15  ☐ 16-20  ☐ >20

Do you warm up?  ☐ Never  ☐ Seldom  ☐ About half the time  ☐ Usually  ☐ Always

If so, what does your warm up consist of? ____________________________________________________________

Do you stretch?  ☐ Never  ☐ Seldom  ☐ About half the time  ☐ Usually  ☐ Always

When do you stretch?  ☐ Before dance  ☐ During dance  ☐ After dance

What does your stretching program consist of?  
☐ Static (prolonged holds)  ☐ Dynamic (through movement)  ☐ Ballistic (bounding)

If you do any cardiovascular or strengthening exercise outside of your warm up on a regular basis, please describe:
______________________________________________________________________________________________
______________________________________________________________________________________________

How many days per week? _______

Duration per session on average (in minutes)? _______

Type of dance shoe worn most often:  
☐ None  ☐ Ballet slippers  ☐ Character shoes  ☐ Jazz oxfords  ☐ Pointe Shoes  
☐ Sneakers  ☐ Street shoes  ☐ Other: ________________________

Do you dance on sprung floor?  ☐ Never  ☐ Seldom  ☐ About half the time  ☐ Usually  ☐ Always

Do you have another job to subsidize your dance life?  ☐ Yes  ☐ No

If yes, how many hours do you work per week?___________

If yes, what are the physical demands of your job?________________________________________________________

______________________________________________________________________________________________

Medical Complaint:
What is your present injury/problem?  
Part of body: __________________________________________

Development of Injury:  ☐ Traumatic / Acute  ☐ Slow Onset

Rate your current level of pain (circle one. 0 = no pain; 10 = unbearable pain):

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Date of injury, inability to participate in full dance, or “trigger” (the day when you decided to seek care for a slow onset injury)?

(date) ______/______/______;  ☐ Morning  ☐ Afternoon  ☐ Evening

If you have had this injury before, when did this injury first occur? ____________________________________________

Was this a dance or a non dance-related injury?  ☐ Dance  ☐ Non-dance

What did you do for the problem(s)? ________________________________________________________________

Did the problem(s) get better?  ☐ Yes  ☐ No
Patient Name: _______________________
ID#: _____________
DOB: __________________
Sex: M/F

What was the mechanism of injury?
- Inversion
- Eversion
- Hyperextension
- Hyperflexion
- Rotation
- Compression
- Valgus
- Varus
- Repetitive Stress
- Other____

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- Inversion
- Eversion
- Hyperextension
- Hyperflexion
- Rotation
- Compression
- Valgus
- Varus
- Repetitive Stress
- Other____

Body Part:
- Right
- Left

- Trunk/Back
- Lower Extremity
- Upper Extremity
- Cervical
- Thoracic
- Lumbar /Sacral
- Pelvis
- Hip/Pelvis
- Thigh
- Knee
- Leg
- Foot/Ankle
- Shoulder
- Elbow
- Arm/Forearm
- Wrist/Hand
- Head

Diagnosis

- Preliminary
- Final

Muscle/Tendon Injury
- Contusion
- Mechanical LBP
- Metatarsalgia
- Plantar Fasciitis
- Tendinitis/Bursitis
  - Achilles
  - Biceps brachii
  - Calcific
  - FHL
  - Greater Trochanteric
  - ITB
  - Lateral Epicondylitis
  - Medial Epicondylitis
  - Olecranon process
  - Patellar
  - Peroneal
  - Pes Anserine
  - Psoas/Iliopsoas
  - Quadriceps
  - Rotator Cuff
  - Tibialis Anterior
  - Tibialis Posterior
  - Other____
- Strain
  - Grade I
  - Grade II
  - Grade III / Rupture
    - Quadriceps
    - Hamstring
    - Adductor
    - ITB
    - Gastroc
    - Soleus
    - Abdominals
    - Other____
- Other____

Internal Derangement/
Joint Capsule
- Capsulitis
- Capsular Strain
- Cuboid Syndrome
- Cyst
  - Ganglion
  - Meniscal
- Dislocation/Subluxation
- Failure Orthopedic Implant
- Hallux Valgus
- Hernia
- HNP
- Impingement
  - Anterior
  - Posterior
- Joint Contracture
- Labral Tear
- LMT
- Loose Bodies
- Mechanical Instability
- MMT
- Morton’s Neuroma
- Patellofemoral Syndrome
- Plica Syndrome
- Sciatica
- SI Joint Disorder
- Synovitis
- Other____

Fracture/Bony Injury
- Apophysitis
  - Sever’s Disease
  - Osgood-Schlatter’s
- Avascular Necrosis
- Bone Spur
- Chondromalacia
- D.J.D.
- Fracture
  - Dancer’s (5th met)
  - Jones Fracture
  - Metatarsal
  - Stress Fracture
    - Calcaneus
    - Femur
    - Fibula
    - Metatarsal
    - Pelvis
    - Spondylolysis
    - Talus
    - Tibia
    - Other____
- Hallux Limitus
- Osteochondral injury
- Os trigonum syndrome
- Osteoarthritis
- Osteoporosis
- Periostitis
- Scoliosis
- Sesamoiditis
- Spondylolisthesis
- Other____

Ligament Injury
- Sprain
  - Grade I
  - Grade II
  - Grade III / Rupture
    - AC Joint
    - ACL
    - Forefoot
    - LCL
    - Lateral Ankle
    - MCL
    - Midfoot
    - PCL
    - Syndesmosis
    - 1st MTP Jt
    - Other____

Ligament Injury
- Sprain
  - Grade I
  - Grade II
  - Grade III / Rupture
  - Tissue:
    - AC Joint
    - ACL
    - Forefoot
    - LCL
    - Lateral Ankle
    - MCL
    - Midfoot
    - PCL
    - Syndesmosis
    - 1st MTP Jt
    - Other____

Other____
- Hallux Limitus
- Osteochondral injury
- Os trigonum syndrome
- Osteoarthritis
- Osteoporosis
- Periostitis
- Scoliosis
- Sesamoiditis
- Spondylolisthesis
- Other____

Ligament Injury
- Sprain
  - Grade I
  - Grade II
  - Grade III / Rupture
  - Tissue:
    - AC Joint
    - ACL
    - Forefoot
    - LCL
    - Lateral Ankle
    - MCL
    - Midfoot
    - PCL
    - Syndesmosis
    - 1st MTP Jt
    - Other____

Misc
- Concussion
- Laceration
- Benign Tumor
MD Recommendations:
☐ Modify Dance Activity  ☐ Full Dance Activities  ☐ No Dance Activities  ☐ Surgery

☐ Diagnostic Testing
  ☐ X-ray
  ☐ MRI/MRA
  ☐ Bone Scan
  ☐ CT Scan
  ☐ Lab Work
  ☐ Other __________

Date: ______________________________

Time Lost (Injury caused the dancer to completely stop dance activity, meaning class, rehearsal or performance outside of DOI itself.)
☐ Yes
☐ No

# days lost _________________

Date of return to any amount of dance _________________

NOTES:______________________________________________________________
______________________________________________________________