NAME: 

ADDRESS: 

GENDER: Male / Female

GENERAL HEALTH:

- Height: ______ cm  
  Weight: ______ kg

- Do you have any current medical problems? Yes ☐ No ☐ If yes, what?
  1. 
  2. 

- Do you take any regular medications? Yes ☐ No ☐ If yes, what? State name and dosage.
  1. 
  2. 

- Are there any reasons you know of that would prevent you from participating fully in the course? Yes ☐ No ☐ If yes, what?
  1. 
  2. 

- Are you a smoker? Yes ☐ No ☐

- Have you any past medical problems? Have had / Do you have? (When?)

  Yes ☐ No ☐ Asthma 
  Yes ☐ No ☐ Heart or blood pressure problems
  Yes ☐ No ☐ Diabetes 
  Yes ☐ No ☐ Epilepsy 
  Yes ☐ No ☐ Glandular Fever (when) 
  Yes ☐ No ☐ Chronic fatigue syndrome (when) 
  Yes ☐ No ☐ Any ongoing long-term illness. If yes, what? 

Do you have / Have you sustained?

  Yes ☐ No ☐ Fracture? Where (when): 
  Yes ☐ No ☐ Dislocation? Where (when): 
  Yes ☐ No ☐ Recurring pain in any joint with class/performance? Where: 
  Yes ☐ No ☐ Other? (e.g. surgery) 
  Yes ☐ No ☐ Have you ever been treated for a head, neck or spinal injury (e.g. after a car accident)? Does this condition affect your performance?
  Yes ☐ No ☐ Have you suffered any other illness that has prevented you from participating in physical activity for longer than 2 weeks? If so, what?

Do you wear orthotics in your street shoes?

  Yes ☐ No ☐
INJURIES:

- Are you suffering / have you suffered any injuries?

1. Injury: __________________________________________________________
   Date of injury: ______________ Incident: ____________________________
   Any residual problems?

2. Injury: __________________________________________________________
   Date of injury: ______________ Incident: ____________________________
   Any residual problems?

3. Injury: __________________________________________________________
   Date of injury: ______________ Incident: ____________________________
   Any residual problems?

4. Injury: __________________________________________________________
   Date of injury: ______________ Incident: ____________________________
   Any residual problems?

DANCE HISTORY:

- State the **forms of dance** you learn / have learnt (including form of classical - e.g.: RAD, Cecchetti, CSTD):

1. ________________________ Age started: ______ Grade: ______ Hrs/week: ______
2. ________________________ Age started: ______ Grade: ______ Hrs/week: ______
3. ________________________ Age started: ______ Grade: ______ Hrs/week: ______
4. ________________________ Age started: ______ Grade: ______ Hrs/week: ______

- Do you work *en pointe*? Yes ☐ No ☐

- At what age did you commence *pointe work*? ___________

DANCE TECHNIQUE:

Please comment below on any areas of your technique which you would like to improve:

1. _______________________________________________________________
2. _______________________________________________________________
3. _______________________________________________________________