



**HARKNESS**  
**CENTER**  
for Dance Injuries

**Hospital for Joint Diseases**  
A Teaching Hospital of New York University School of Medicine



**Patient Information**

**Director**  
Donald J. Rose, M.D.

**Program Coordinator**  
Marijeanne Liederbach,  
M.S., A.T., C.

**Advisory Board**  
Theodore S. Bartwink  
(Chairman)  
Gerald Arpino  
Bernard E. Brandes, Esq.  
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Estelle Sommers  
Paul Taylor  
Liz Thompson  
Edward Vilella  
Carol K. Walker  
Nancy Zeckendorf

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

**Dance History**

School/Company: \_\_\_\_\_

Address (Sch/Co): \_\_\_\_\_

Phone # (Sch/Co): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Dance You Mainly Study

Current Level:

\_\_\_\_\_ Ballet

\_\_\_\_\_ Professional

\_\_\_\_\_ Modern

\_\_\_\_\_ Student

\_\_\_\_\_ Jazz

\_\_\_\_\_ Teacher

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

\_\_\_\_\_ Choreographer

\_\_\_\_\_ Recreational

1. How many hours of class do you take in a typical week? \_\_\_\_\_ Hours

2. How many hours do you rehearse and perform in a typical week? \_\_\_\_\_ Hours

3. Do you do any other fitness training or activities besides dance?

If yes, what types of activities? \_\_\_\_\_

How many hours per typical week? \_\_\_\_\_ Hours

4. At what age did you begin your dance training? \_\_\_\_\_ Years old

5. At what age did you begin pointe work? \_\_\_\_\_ Years old

**Medical History**

1. What is your present injury/problem?

a) Part of body: \_\_\_\_\_

b) Describe your problem: \_\_\_\_\_

c) How long have you had this problem? \_\_\_\_\_

2. What other treatments have you had for this problem? \_\_\_\_\_

3. What previous injuries have you had? (Include date of injury and treatment.) \_\_\_\_\_

Who referred you to Dr. Rose? \_\_\_\_\_