Performing Arts Clinic Referral Form –Complete & Fax

This is an interdisciplinary clinic for performing artists with musculoskeletal injuries/concerns.

Referrals accepted for musicians, dancers, artists, vocalists of all ages –amateur and professional.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Self-referral □ Referred by Health Professional

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRACID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check off the boxes and include your information.

Individual information:

□ **Musician** Instrument \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time playing \_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Amateur □ Professional

□ **Dancer**  Style \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time dancing\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Amateur □ Professional

Reason for Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body part(s) affected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of injury/problem (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Other Medical History information:

List any medical diagnosis you have been given;

|  |  |
| --- | --- |
| Medical Diagnosis | Date diagnosed |
|  |  |
|  |  |
|  |  |

Current Medications (name, dosage, how often taken, reason)

|  |  |  |  |
| --- | --- | --- | --- |
| Drug name | Dosage | Frequency taken | Reason |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List Allergies and Reaction:

|  |  |  |
| --- | --- | --- |
| Type of Allergy | Reaction | Date of last reaction |
|  |  |  |
|  |  |  |

Check off the Diagnostic Imaging test that have been done for your current problem (include a copy of the report if available)

□ X-ray □ CT Scan □Ultrasound □MRI □Bone Scan □None done

**You must bring your musical instrument (if possible), dance shoes or other relevant equipment to your appointment. Bring shorts and a tank top to change into please.**

**(Shared/forms/referral forms/performing arts v1.3)**