



# SPORTS MEDICINE ASSOCIATES

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CERTIFIED ATHELETIC TRAINER

## Dancer Questionnaire

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

Total years dancing: \_\_\_\_\_ Started at age: \_\_\_\_\_

Do you have your period? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Do you eat Breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Dance Styles: (please circle) Ballet Modern Jazz Lyrical Tap Hip Hop Ballroom Ethnic  
Irish Other: \_\_\_\_\_

What age did you go on Pointe? \_\_\_\_\_

How many classes/hours do you take each week? \_\_\_\_\_ Ballet \_\_\_\_\_ Jazz \_\_\_\_\_

Modern \_\_\_\_\_ Tap \_\_\_\_\_ Pointe \_\_\_\_\_ Irish \_\_\_\_\_

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

Do you teach classes? \_\_\_\_\_ Type/How many per week? \_\_\_\_\_

Dance (Pointe') Shoes name: \_\_\_\_\_

How often do you change dance shoes? \_\_\_\_\_

Have you been professionally fit? \_\_\_\_\_ Where? \_\_\_\_\_

Do you wear orthotic devices? Yes No Do you warm up? Yes No

If so, how? Static Stretching Massage Barre Plyometrics Dynamic Stretching Yoga Poses

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

Do you strength train? Stretch Bands Free Weights Weight Machines

Do you participate in any Yoga or Pilates? Yes No How often? \_\_\_\_\_

Do you do cardio activities other than dancing? Yes No If so which? \_\_\_\_\_

What injuries have you experienced with dancing? \_\_\_\_\_

Did it keep you from dancing? Yes No For how long? \_\_\_\_\_

Have you had any surgery related to dance/athletics? \_\_\_\_\_

Where do you take classes/address? \_\_\_\_\_

Are you affiliated with any dance Company? \_\_\_\_\_

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