



# AVANT

PHYSICAL THERAPY

## CURRENT HEALTH HISTORY

**PLEASE CHECK THE BOX BELOW THAT IS MOST ACCURATE FOR YOU:**

**How often is a stress a significant factor in your life?**

Rarely    Often    Always

**Do you smoke?**

Yes    No    If yes, how many packs and how long?.....

**Do you drink alcohol?**

Yes    No    If yes, how many drinks per week?.....

**Do you drink caffeine?**

Yes    No    If yes, how many cups per day?.....

**Do you have allergies?**

Yes    No    If yes, please list.....

**Do you exercise regularly?**

Yes    No

**If yes, please list type of exercise and how often below:**

.....  
.....  
.....  
.....

**If you are a dancer, please tell us about the following:**

Where have you done your training?.....

How many hours/week are you taking class? .....

What types of classes are you taking? .....

How many hours/week are you in rehearsal? .....

**Please list any current medications you are taking and explain what it is for:**

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