



MUSIC THERAPY REFERRAL

Client name: _____ Date of birth: _____

Reason for referral: _____

Diagnosis: _____

Describe the client's communication/social skills: (such as preverbal & verbal skills, ability to relate to others)

Describe the client's level of comprehension/cognition: (such as receptive & expressive language ability)

Describe the client's sensory abilities/difficulties: (such as vision, hearing, touch)

Describe the client's physical mobility: (such as ability to walk, use of wheelchair, use of limbs)

Psychological/emotional/behavioural characteristics: (confidence, ability to express self, anxiety, aggression)

Musical interests and skills observed: (vocal and movement/rhythmic responses, styles of music, musical instruments, how does the client respond to music)

Does the client receive other therapeutic interventions? (Occupational therapy, speech pathology)

