



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)

Any other information?

Please supply relevant information which may assist us to understand the client better (psychological assessment report, occupational therapy report, speech therapy report)

Availability: Monday Time: _____
 Tuesday Time: _____
 Wednesday Time: _____
 Thursday Time: _____
 Friday Time: _____

Person referring: _____

Relationship with the client: _____

Address:

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

HCWA FUNDING - Music therapy can be claimed through the Helping Children with Autism Funding if the client is eligible (children diagnosed with ASD 0 – 7 years old). If you wish to claim through this funding, please supply your letter of acceptance from HCWA and a letter of referral from the client's psychologist/speech pathologist/occupational therapist.

Terms & conditions:

1. Music therapy sessions may be recorded for evaluation purposes. Information concerning the client (including session recordings) is kept confidential.
2. Clients are expected to attend on weekly sessions on a term by term basis.
3. A parent or carer must remain on the premises whilst session is in progress.
4. Fees are payable on a term by term basis by cash, cheque or direct debit within 14 days of the invoice date.
5. Cancellation policy: if the client is unable to attend a session, please give us 24 hours' notice. Email or call us and we will do our best to find an alternate time. A 50 percent cancellation fee applies if less than 24 hours' notice is given.

I have read and understood the terms and conditions and any questions I have asked have been answered to my satisfaction.

Name: _____ Signature: _____ Date: _____