



MUSIC THERAPY REFERRAL

This referral form is to be completed by a parent/guardian of the client

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?

How did you find out about Sound Expression? _____

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: _____
	Saturday	Time: _____

Person referring: _____ Relationship with the client: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

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: _____

“Getting to Know You!”

Your child's name: _____

Date: _____

Please help us get to you know your child better so we can do our best to help them!

1. When I hear music, I

2. Musical instruments I have at home are:

3. The best way you can help me to learn new things is by(step instructions? Visual cues? Modelling?)

4. I really love..... (Music? Dancing? Trampoline? Tumble play? Computer games? Trains and cars?)

5. When I'm doing something that I love, I can do that for (how long?)

6. I don't like..... (Loud noise? Large crowds? Being out of routine? Not knowing the plan for the day?)

7. I express what I want and what I don't want by....

8. When I feel happy/upset/angry/had enough, I can express my feelings by.....

END