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?

_____

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: _____