

Music Therapy Intake Form

Client Information (Child)

Date: ___/___/___

(only applicable if new to The Lotus Tree)

Client's Full Name _____ Date of Birth ___/___/___ F ___ M ___

Parent/Guardian 1 _____ Cell _____ Work _____

Parent/Guardian 2 _____ Cell _____ Work _____

Street Address _____ Home phone _____

City _____ State ___ Zip _____ Phone _____

Primary Care Physician _____ Phone _____

Diagnosis(es) with dates _____

Do you agree with diagnosis(es)? _____

Referred by _____ Service Coordinator (if applicable) _____

What therapies has patient received within the current calendar year? Please include therapist's name, location and (for repeating appoints) days and times: (OT, PT,SLP, IBI, counseling, vision, music, equine, etc)

Music Background

What is the role of music in your home? (ex: listening to music in the car, any instruments in the home, clapping/singing/dancing)

How does your child respond when he/she hears music?

What are your child's musical preferences? (styles, favorite songs, etc)

Your Insights

Describe strengths, health/behavioral concerns, sensitivities... anything else you'd like me to know

Intentions for Music Therapy

What areas would you like to see addressed in music therapy?

What outcomes do you hope to see?

Anything else you would like to share?
