

Music Therapy - Consent Form

Name of Client: _____

Date of Birth: _____

Name of Carer: _____

Phone No: _____

Music Therapy sessions are being provided to you by Ed Muirhead, a qualified Music Therapist (HCPC number AS 16038). These sessions will include a range of music making to suit you. Sessions will last 30-40 minutes and will start at the same time each week.

During the initial sessions, you can try out instruments and music, and get to know Ed. At regular points we will check how things are going, and consider anything that comes up.

Please indicate whether you give permission for the following:	Yes	No
1. To receive music therapy sessions with a music therapist.		
2. For music therapy to be audio recorded for review and supervision. Recordings will be stored securely, reviewed only by supervisor.		
3. For sessions to be described in music therapy literature or conferences. All names will be changed.		
<i>You may refuse recording and/or describing without affecting the music therapy. Your anonymity, confidentiality and privacy will be maintained at all times.</i>		

Signed: _____

Print name: _____

Date: _____

If carer, your relationship: _____

Therapist signature: _____

Date: _____

Any other notes: _____