

Music Therapy - Referral Form

Name of Client:

Date of Birth:

Referred By:

Date:

Background information

(Helpful details, eg: diagnosis, any medication being taken, input from other professionals, significant events)

Reasons or aims for music therapy

(What we hope to gain, eg: relating to communication, confidence, creativity, expression, anxiety reduction)

Additional information

(Anything else you feel may be useful, eg: favourite music)

Individual or group?

(Sessions may be either 1:1 or in small groups of 2-3 people)

If you have any questions, please contact Ed Muirhead, 07948 504 355, ed@facemusic.co.uk