



## Music Therapy Referral Form

Name of child: <small>First names</small>	<small>Surname</small>	Please circle one <b>M / F</b>	Date of Birth:
Diagnosis:			
Ethnicity:			

Name of parents/caregivers:	
Postal address:	Postcode:
Contact details:	
Home:	Work:
Mobile:	Email:

Sibling's Names	DOB	Genogram <i>(for office use)</i>

Name of School:		
Address:		
Postcode:		
Name of contact:	Position:	Tel:
<i>(for office use)</i>		
Permission to contact?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Latest IEP Received?    Yes <input type="checkbox"/>		

Other professionals	Service	Contact details
<i>Speech Language Therapist</i> Name:		Tel: Email: Report:    Yes <input type="checkbox"/>
<i>Physiotherapist</i> Name:		Tel: Email: Report:    Yes <input type="checkbox"/>
<i>Occupational therapist</i> Name:		Tel: Email: Report:    Yes <input type="checkbox"/>
<i>Paediatrician</i> Name:		Tel: Email: Report:    Yes <input type="checkbox"/>
<i>Other:</i> Name & contact details:		Medication? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Report:    Yes <input type="checkbox"/>		
Previous music therapy?    Yes <input type="checkbox"/> No <input type="checkbox"/> Details:		
		<b>PTO</b>

Reason for referral:
<hr/> <hr/> <hr/> <hr/> <hr/>
Hopes and expectations:
<hr/> <hr/> <hr/> <hr/> <hr/>
Conditions that the music therapist needs to be aware of: (epilepsy, challenging behaviour, etc..)
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Means of communication: (Speech, makaton, etc..)
<hr/> <hr/> <hr/> <hr/>
Languages spoken at home:
<hr/> <hr/> <hr/>
Any relevant strengths or difficulties:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Signed: \_\_\_\_\_

Where did you hear about RMT? \_\_\_\_\_

*Please return this form to: 15 Surrey Crescent, Grey Lynn, Auckland 1021*

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**CHECK LIST (for office use)**

- Session type
- Cost of therapy discussed
- Policies on confidentiality and safety
- Parent and carers guide given