

Music Therapy Referral Form



Section A: Personal Details.

Name of Child:

Date of Birth:

Name of Parent:

Diagnosis (if any):

Name/Address of Venue:

Section B: Reasons for Referral.

Please give your reasons for referral:

Please describe any physical, psychological, behavioural, emotional, expressive, or social concerns:

Any other information that would be useful to know eg: other therapeutic input (eg. psychologist, social worker, other therapist), specific fears, medication, musical history, practical issues, etc.

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Section C: Referrer Details.

Name of Referrer:

Relationship to Child:

Referrer Email:

Parent Tel and Email:

Section D: Initial Assessment

An appointment (via phone call or Zoom) will be arranged with the above Parent or Referrer to discuss the referral and to determine clinical aims for the sessions. This will be an opportunity to share more about the child, and any relevant information that may be useful for the sessions. The music therapist will be in touch to arrange this appointment.

Please indicate whether you are referring this child for:

- Individual Music Therapy
- Group Music Therapy

Please list those who may also be in the group:

- 1.
- 2.
- 3.

Signature:

Date:

Print Name:

Please return Referral Form to Make a Melody Ltd.:

referrals@makeamelody.co.uk