



MUSIC THERAPY REFERRAL FORM

Individual's name	Name & address of GP The music therapist may ask if you would be happy for your GP to be informed about music therapy sessions
Date of birth	your OP to be informed about music therapy sessions
Date of Birth	
Address	
	Telephone number
	School / Day Centre /Care setting (if applicable)
Telephone number	
Mobile Number	
Referred by	Telephone number
Relationship to individual	
Contact address (if different to above)	

Family information. e.g. significant people and relationship to the individual		
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s the individual currently receiving any other therapy inp	out? Have they received any other therapy in the past? Please give details	
Diagnosis / relevant information / dates / any special me	edical conditions	
a black in dividual accordable on any mandicable of Diagon link		
s the individual currently on any medication? Please list		
Reason[s] for referral. Please tick		
Assess responses to non-verbal medium	Enhance motor skills / reinforce developing movement	
Emotional / expressive need - non-verbal means for self-expression	Other (Please state below)	
Social isolation / limited opportunities to interact and develop relationships		
Enhance social communication skills		
Creative outlet		
Lack of motivation, initiation		
Any additional information as to why you would like to re	efer the individual to music therapy?	

Please give as much information under the sections below. This will help the music therapist in terms of planning the session, suitable activities and instruments. How does the individual communicate his / her needs to you?
Does the individual have any difficulties with movement?
Does the individual have any problems with things such as memory, concentration, comprehension/understanding?
Any comments or additional information that you feel are important?
Does the individual have any difficulties with vision or hearing? Are they sensitive to sound or any other stimuli?
Any comments or additional information that you feel are important?
any comments of additional information that you reel are important.
Please return to:
Coda Music Trust

Coda Music Trust, Chewton Farm Road, Walkford, Christchurch, Dorset, BH23 5QL

