

# Music Therapy at Coda



## MUSIC THERAPY REFERRAL FORM

**Individual's name**

**Date of birth**

**Address**

**Telephone number**

**Email**

**Referred by**

**Relationship to individual**

**Contact address (if different to above)**

**Name & address of GP**

The music therapist may ask if you would be happy for your GP to be informed about music therapy sessions

**Telephone number**

**School / Day Centre / Care setting (if applicable)**

**Telephone number**

Family information. e.g. significant people and relationship to the individual

Is the individual currently receiving any other therapy input? Have they received any other therapy in the past? Please give details

Diagnosis / relevant information / dates / any special medical conditions

Is the individual currently on any medication? Please list

Reason[s] for referral. Please tick

Assess responses to non-verbal medium	<input type="checkbox"/>	Enhance motor skills / reinforce developing movement	<input type="checkbox"/>
Emotional / expressive need - non-verbal means for self-expression	<input type="checkbox"/>	Other (Please state below)	<input type="checkbox"/>
Social isolation / limited opportunities to interact and develop relationships	<input type="checkbox"/>		
Enhance social communication skills	<input type="checkbox"/>		
Creative outlet	<input type="checkbox"/>		
Lack of motivation, initiation	<input type="checkbox"/>		

Why would you like to refer 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?

Signature

Date

**Please return to:**  
Coda Music Trust,  
Chewton Farm Road,  
Walkford,  
Christchurch,  
Dorset, BH23 5QL