



Music Therapy  
with Shari

CONFIDENTIAL

## Referral Form

<b>First Name:</b>	<b>Date of Birth:</b>
<b>Surname:</b>	<b>Age:</b>
<b>Diagnosis/Condition:</b>	<b>Ethnicity:</b>
<b>Family (Names and relationship/role):</b>	<b>Interests/hobbies:</b>

<b>Contact details for key liaison(s) - Parents/Family/Caregivers/Organisation rep/Facility rep</b>	
<b>Name:</b> <b>Address:</b>	
<b>Email:</b>	
<b>Phone number:</b>	<b>Mobile number:</b>

<b>Referral for Music Therapy Service</b> <i>Please indicate your preference:</i> Type of sessions: <input type="checkbox"/> Individual <input type="checkbox"/> Pair <input type="checkbox"/> Group <input type="checkbox"/> One-off Consultation (session and meeting) <input type="checkbox"/> Ongoing weekly sessions
<b>Reason for referral, hopes and expectations for this person attending music therapy</b>
<b>About their music (past experiences, instruments they play/ed; favourite instruments, songs, musicians, music genres or eras etc)</b>
<b>Strengths and difficulties</b>
<b>Conditions Shari needs to be aware of (e.g. epilepsy, physical needs, behaviours)</b>
<b>Other therapy services accessed</b> (please specify professionals' names and contact details if current): <input type="checkbox"/> Music Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Language Therapy <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Therapy
<b>Where you heard about Music Therapy with Shari</b>

Please email to: [shari.storie@outlook.co.nz](mailto:shari.storie@outlook.co.nz)

Signed: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Date: \_\_\_\_\_