



Therapeutic Lesson Referral Form

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|---|----------------------------|----------------|
| Name: First names Surname | Please circle one M / F | Date of Birth: |
| Ethnicity: | | |

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

Currently receiving music therapy through RMTC? Yes No

Lesson instrument requested: _____

| |
|---|
| Diagnosis, if any: |
| Reason for referral/hopes and expectations: |
| Conditions that the music therapist needs to be aware of: (epilepsy, challenging behaviour, etc.) |
| Means of communication: (Speech, Makaton, etc.) Languages used at home: |
| Any relative strengths or difficulties: |
| Previous music study, if any: |

Preferred Day & Time _____

Preferred means of communication:

Email

Phone

Post

Referred by: _____ Date: _____

Relationship to client: _____ Signed: _____

Where did you hear about RMTC? _____