



### Therapeutic Music Lesson Referral Form

First names	Surname	Please circle one M / F	Date of Birth:
Name:			
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: \_\_\_\_\_

Is there access to this instrument in your home? Yes ☐ No ☐

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? \_\_\_\_\_