## **Music Therapy Intake Form**

(only applicable if new to The Lotus Tree)  Client's Full Name	<u>Client Information (Child)</u>	Da	te:/
Parent/Guardian 1			
Parent/Guardian 2	Client's Full Name	Date of Birth	/ F M
Street Address	Parent/Guardian 1	Cell	Work
CityStateZipPhone	Parent/Guardian 2	Cell	Work
CityStateZipPhone	Street Address	Home	phone
Diagnosis(es) with dates Do you agree with diagnosis(es)?  Referred by	City State 2	ZipPho	ne
Diagnosis(es) with dates Do you agree with diagnosis(es)?  Referred by	Primary Care Physician	Pho	ne
Do you agree with diagnosis(es)?  Referred by	Diagnosis(es) with dates		
What therapies has patient received within the current calendar year? Please include therapist's name, location and (for repeating appoints) days and times: (OT, PT,SLP, IBI, counseling, vision, music, equine, etc)  Music Background  What is the role of music in your home? (ex: listening to music in the car, any instruments in the home, clapping/singing/dancing)  How does your child respond when he/she hears music?	Do you agree with diagnosis(es)?		
What therapies has patient received within the current calendar year? Please include therapist's name, location and (for repeating appoints) days and times: (OT, PT,SLP, IBI, counseling, vision, music, equine, etc)  Music Background  What is the role of music in your home? (ex: listening to music in the car, any instruments in the home, clapping/singing/dancing)  How does your child respond when he/she hears music?	Referred by Serv	vice Coordinator (if app	licable)
Music Background  What is the role of music in your home? (ex: listening to music in the car, any instruments in the home, clapping/singing/dancing)  How does your child respond when he/she hears music?	What therapies has patient received wi	thin the current caler	ıdar year? Please
What is the role of music in your home? (ex: listening to music in the car, any instruments in the home, clapping/singing/dancing)  How does your child respond when he/she hears music?		for repeating appoin	cs) days and times: (от,
What is the role of music in your home? (ex: listening to music in the car, any instruments in the home, clapping/singing/dancing)  How does your child respond when he/she hears music?			
	What is the role of music in your home?	(ex: listening to mu	sic in the car, any
What are your child's musical preferences? (styles, favorite songs, etc)	How does your child respond when he/	she hears music?	
What are your child's musical preferences? (styles, favorite songs, etc)			
What are your child's musical preferences? (styles, favorite songs, etc)			
	What are your child's musical preference	ces? (styles, favorite s	ongs, etc)

## **Your Insights**

Describe strengths, health/behavioral concerns, sensitivities anything else you'd like me to know
Intentions for Music Therapy What areas would you like to see addressed in music therapy?
What outcomes do you hope to see?
Anything else you would like to share?