



CONFIDENTIAL MUSIC THERAPY REFERRAL FORM

Child's Name:

Date of Birth:

Address:

Date of referral to Music Therapy:

Parent/ Carer name:

Telephone:

Email address:

School or Setting:

Referred by: (if different to above)

Email address of person making referral :

Could you please explain your reason for making a referral to Music Therapy? (Any background information and hopes for music therapy intervention)

It would be very helpful if you could provide us with some additional information: Please continue on additional sheets as necessary.

Does the child have an EHCP? NO/ YES (if yes please provide information)

Do they have a specific diagnosis? NO/ YES (if yes please provide information)

Any important medical conditions?NO/ YES (if yes please provide information)

Any social, emotional, learning or physical needs?

Any other Professionals involved? (e.g.Speech Therapist, Arts therapist, Psychology)