



CONFIDENTIAL MUSIC THERAPY REFERRAL FORM
And funding request

Name of person being referred:

Date of Birth:

Address:

Date of referral to Music Therapy:

Name of person referring:

Telephone:

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.

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)

Request for funding assistance

For the referred above do you:

- Have funding in place
- Privately fund sessions
- Require Waves assistance (please note this is a referral process and funds are allocated during our monthly meetings on a case-by-case basis and will take into consideration our waiting lists, therapist availability and client's need).

If you require financial assistance Waves can offer short term funded sessions. We encourage people to make a small contribution in line with what they can afford, this helps us to stretch our limited resources further.

Recommended contribution towards a £50 sessions:

- £8
- £12
- £20
- Other amount
- Unable to contribute at this time.

Please submit this form to victoria@wavesmusictherapy.org as soon as possible so that we can be in touch about sessions starting soon.