MUSIC THERAPY INTAKE FORM (ADULT)

**CONTACT DETAILS**

* Name of person filling out this form:
* Relationship to client:
* Name of other significant caregiver/s of client:
* Client’s full name:
* Client’s age and date of birth:
* Client’s address:
* NDIS number:
* Phone number:
* Email address:
* **Email for Music therapy invoices to be sent to:**

**MY MEDICAL INFORMATION**

* Are you on any medications that I should be aware of? Y or N

If yes please list the medications:

* Do you have any allergies or sensitivities that I should be aware of? Y or N (eg - air freshener, carpet etc)
* Are there any precautions I should be aware of in working with you? Y or N (eg - seizures, biting, self-injurious behaviour, etc)
* Do you have respiratory issues?
* Please specify your medical diagnosis:
* If relevant, please list your GP and phone number:
* If relevant, please list both recent and current allied health supports:
* I do / do not give (please circle) permission for Lisa Dowling (RMT) to contact the above clinician/s.
* If relevant, please list your previous experience with music therapy, including the name of the Registered Music Therapist:

**REASONS FOR REFERRAL TO MUSIC THERAPY**

* I understand Music Therapy is an allied health profession in which music-based activities and engagement can be utilised to support me for non-musical outcomes. I am hoping music therapy to provide me with:

# Please discuss your strengths:

**Please discuss your abilities:**

**MY NDIS GOALS**

Please list your NDIS goals here or attach a copy of your NDIS plan with this document.

**MY MOTOR INFORMATION**

* Are you fully ambulatory? Y or N
* Do you have any fine or gross motor difficulties? Y or N
* Do you have full use of your limbs? Y or N

**MY SENSORY INFORMATION**

* Do you have any sensory issues? Y or N
* Do you have any differences in hearing or other senses? Y on N
* Are you overstimulated by sounds, lights or crowds? Y or N
* Do you engage in repetitive behaviours? Y or N
* Do you have any sensitivities to or extreme preferences for particular sounds? Y or N
* Do you resist physical support? Y or N

**MY COMMUNCATION INFORMATION**

* Do you have any speech or language differences? Y or N
* Can you communicate verbally? Y or N

If no, please indicate mode of communication

* Do others understand you? Y or N
* Do you have idiosyncratic speech? (speech that is individual to you)? Y or N
* Do you understand or react to what is being said to you? Y or N
* Do you have difficulty in understanding speech? Y or N
* Have you been diagnosed with any hearing difficulties? Y or N
* Do you have difficulty hearing sounds? Y or N

**MY COGNITIVE INFORMATION**

* Do you have any learning difficulties i.e. learning disorder/dyslexia/inattention/difficulty remembering tasks) Y or N

Please provide any extra significant information

**MY EMOTIONAL AND SOCIAL INFORMATION**

* Do you have any emotional or social difficulties? Y or N
* Do you get upset or angry easily? Y or N
* Have you suffered emotional trauma or recent changes in life circumstances? Y or N
* Do you have difficulty relating to family or peers? Y or N
* Do you participate in conversation with others? Y on N
* Are there any home or community activities that you particularly enjoy? Y or N?

Please provide any extra significant information

**MY MUSICAL INFORMATION:**

* Please describe your musical experiences.
* Do you have an aptitude for music (instrumental/ singing/ dance)?
* Please list your favourite music artist/s: (Please be comprehensive)

1.

2.

3.

* Please list your favourite songs: (Please be comprehensive)

1.

2.

3.

4.

* Please list particular songs that you dislike:
* Please list musical instruments that you particularly like or respond well to:
* Please list musical instruments that you do not particularly like or respond well to:

**OTHER SIGNIFICANT INFORMATION**

* Is there anything the previous questions have not covered that you feel is important for me to know?

**Absences and Cancellations:**

At least forty-eight (48) hours advance notice is required for all cancellations or rescheduling needs. The full fee will be charged for sessions missed without such notification.



LISA DOWLING · MMusTH, MMus, BArts

*Registered Music Therapist*

*Neurologic Music Therapist*

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