MUSIC THERAPY INTAKE FORM (CHILD)

**CONTACT DETAILS**

* Name of person filling out this form:
* Relationship to child:
* Name of other significant caregiver/s & siblings of child:
* Child’s full name:
* Child’s age and Date of birth:
* Child’s address:
* NDIS number:
* Phone number:
* Email address:
* If relevant, please outline court orders/ parenting arrangements that are in place:
* **Email for Music therapy invoices to be sent to:**

**REASONS FOR REFERRAL TO MUSIC THERAPY**

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

# Please discuss your child’s strengths:

* **Please discuss your child’s abilities:**

**MY CHILD’S NDIS GOALS**

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

**MY CHILD’S MEDICAL INFORMATION**

Please specify your child’s medical diagnosis:

* If relevant, please list your child’s paediatrician and phone number:
* If relevant, please list both recent and current allied health supports for your child:
* **I do/do not give** (please highlight/circle) permission for Lisa Dowling (RMT) to contact the above clinician/s regarding my child.
* Is your child on any medications that I should be aware of? Y or N

If yes please list the medications:

* Does your child 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 your child? Y or N (eg -, self-injurious behaviour, etc)
* Does your child have any respiratory issues? Y or N
* Does your child have any feeding issues? Y or N

**MY CHILD’S MOTOR INFORMATION**

* Is your child fully ambulatory? Y or N
* Does your child require physical assistance? Y or N
* Does your child have full use of their limbs? Y or N
* Can you child perform fine motor tasks with both hands? Y or N (i.e eat with utensils, button a button, hold a pencil)
* Does your child frequently drop items or have difficulty holding objects? Y or N

Please provide further significant information:

**MY CHILD’S SENSORY INFORMATION**

* Does your child have any sensory issues? Y or N
* Does your child resist physical support? Y or N
* Does your child engage in repetitive behaviours? Y or N
* Does your child have any deficits in hearing, vision, or other senses? Y or N
* Does your child have any sensitivities to or extreme preferences for particular sounds? Y or N
* Is your child over-stimulated by sounds, lights or crowds? Y or N

Please provide further significant information:

**MY CHILD’S AUDITORY INFORMATION**

* Has your child been diagnosed with any hearing difficulties? Y or N
* Ds your child have difficulty hearing sounds? Y or N
* Does your child have difficulty in understanding speech? Y or N
* Does your child have a history of ear infections? Y or N
* Does your child understand or react to what is being said to them? Y or N

Please provide further significant information:

**MY CHILD’S COMMUNCATION INFORMATION**

* Does your child have any speech or language difficulties? Y or N
* Does your child communicate verbally? Y or N

If no, please indicate mode of communication:

* Do others understand your child? Y or N
* Does your child have any idiosyncratic speech (speech that is individual to them? Y or N

Please provide further significant information:

**MY CHILD’S COGNITIVE INFORMATION**

* Does your child have any cognitive deficits or difficulties? (i.e. learning disorder/dyslexia/inattention/difficulty remembering tasks) Y or N
* Does your child have an IEP (Individualised Education Plan at school): Y or N
* Are there any specific areas of the IEP that music therapy may be of assistance to your child?

Please provide further significant information:

**MY CHILD’S EMOTIONAL INFORMATION**

* Does your child have any emotional difficulties? Y or N
* Does your child show emotions appropriately? Y or N
* Does your child tantrum or get angry easily? Y or N
* Has your child suffered any emotional trauma or recent changes in life circumstances? Y or N

Please provide further significant information:

**MY CHILD’S SOCIAL INFORMATION**

* Does your child have any social difficulties? Y or N
* Does your child have any difficulty related to family members? Y or N
* Does your child have a social group of like-aged peers? Y or N
* Does your child participate in conversation or play with others? Y or N
* Does your child have any particular difficulties in school or other social situations? Y or N
* Are there any home-based or community activities that your child likes to do? Y or N

Please provide further significant information:

**MY CHILD’S MUSICAL INFORMATION**

* Please describe your child’s musical experiences. Please include school-based experiences and significant musical moments at home:
* Does your child have an aptitude for music (instrumental/singing/dance?
* Please list your child’s favourite music artist/s: (Please be comprehensive)

1.

2.

3.

4.

* Please list your child’s favourite songs: (Please be comprehensive)

1.

2.

3.

4.

* Please list significant songs in your family:

1.

2.

3.

4.

* Please list particular songs that your child dislikes:
* Please list musical instruments that your child particularly likes or responds well to:
* Please list musical instruments that your child does not particularly like or responds well to:

**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.

Thank you for taking the time to complete this form. The information provided by you will assist me in planning for music therapy sessions and aid in the ongoing assessment of your child.

Thank you for choosing Sway Music Services to support your child in reaching their fullest potential.

LISA DOWLING · MMusTH, MMus, BArts

*Registered Music Therapist*

*Neurologic Music Therapist*

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