



**Music Therapy Referral Form**

Client Name: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Diagnosis (if applicable): \_\_\_\_\_  
 POA Name/Contact: \_\_\_\_\_ POA's Relation to client: \_\_\_\_\_

**Reason for referral (Check all that apply):**

- |                                 |                          |                             |                          |
|---------------------------------|--------------------------|-----------------------------|--------------------------|
| General Enjoyment/Activation    | <input type="checkbox"/> | Create Something Meaningful | <input type="checkbox"/> |
| Emotional Support/Processing    | <input type="checkbox"/> | Maintenance of Skills       | <input type="checkbox"/> |
| Physical Conditioning           | <input type="checkbox"/> | Learn New Skills            | <input type="checkbox"/> |
| Rehabilitation of Speech Skills | <input type="checkbox"/> | Adaptive Music Lessons      | <input type="checkbox"/> |

*Additional reasons:*  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you attend other therapies? \_\_\_\_\_ *If yes, please list:* \_\_\_\_\_

**Lifestyle Information:**

Hometown: \_\_\_\_\_ Previous Occupation (if applicable): \_\_\_\_\_  
 Level of education: \_\_\_\_\_ Religion/Belief System: \_\_\_\_\_  
 Personal pronouns: \_\_\_\_\_ Nicknames/Preferred Names: \_\_\_\_\_

**Life Interests/Hobbies Survey** [P] Past Interest, [C] Current Interests, [W] Would Like to Learn/Do

Comments:	Social/Group Activities:	P	C	W	N/A
	Church/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Team Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Parties/Seasonal Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clubs/Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dining Out (Going to Restaurants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Family Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:	Solitary Activities:	P	C	W	N/A
	Watching Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Puzzles (including crosswords, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Music Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:	Physical Activities:	P	C	W	N/A
	Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Athletics/Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fitness/Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Comments:	<b>Creative Activities:</b>	<b>P</b>	<b>C</b>	<b>W</b>	<b>N/A</b>
	Drawing/Painting/Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sewing/Knitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Playing Musical Instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:	<b>Outdoor Activities:</b>	<b>P</b>	<b>C</b>	<b>W</b>	<b>N/A</b>
	Picnic/BBQs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:	<b>Spectator Events:</b>	<b>P</b>	<b>C</b>	<b>W</b>	<b>N/A</b>
	Concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sporting Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Interests not listed above:**

**Musical Preferences/Interests**

Any musical history?

Favourite Artists/Songs

Favourite Genres (e.g. gospel, folk, country, reggae, etc.)

**Any additional information that might be useful for the therapist to know:**