



## Client Intake Form

For Adult Clients Commencing Music Therapy

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### 1 Client Details

Title	<input type="text"/>	Date of Birth	<input type="text"/>
First name	<input type="text"/>	Last name	<input type="text"/>
Address 1	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Email	<input type="text"/>		
Home Number	<input type="text"/>	Mobile Number	<input type="text"/>

### 2 Emergency Contact Person

First name	<input type="text"/>	Last name	<input type="text"/>
Relationship to Client	<input type="text"/>		
Email	<input type="text"/>		
Home Number	<input type="text"/>	Mobile Number	<input type="text"/>

### 3 Medical / Therapy History

#### Medical Diagnosis & Information

Are you currently attending any other programs? If yes, please provide details: Yes  No

Are you receiving any other therapies? (e.g. Speech Therapy, Occupational Therapy, etc) Yes  No

If yes, please provide details:

Do you have any health or other issues we may need to know about? (E.g. Epilepsy, etc) Yes  No

If yes, please provide details:

Do you have any sensitivities to sound? Yes  No  Unsure  If yes, please provide details:



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#### 4 Music Therapy Goals

Please list your favourite instrument, song or style of music; or other favoured activities.

Please choose from the list below, any areas that you would like to work on in your sessions. *(Tick all that apply)*

Speech and communication  Social Skills  Sensory  Cognition  Emotional  Motor/Movement

Please list any personal goals, or goals from other programs, that may be relevant to your therapy.

Is there anything specific you would like to get out of your music therapy sessions?

Is there any other information that may be relevant to us?

#### 5 Session Preferences & Administration

Please provide the following preferences for your session times. What is your preferred day?

Monday  Tuesday  Wednesday  Thursday  Friday

Where is your preferred location:

Arana Hills  Everton Park  Home Visits  Other Location

What is your preferred time: *(please list 2-3 preferences)*

Preference 1  Preference 2  Preference 3

How did you hear about NMTSB?


Facebook  Family/Friend Referral  Media  Google Search  Brisbane Kids Website

Other


#### 6 Returning your Form

Please return this form to NMTSB via one of the methods below. Please include any relevant therapy reports from existing or previous professionals.

##### Methods of submitting this form:

 Post: NMTSB 1 Holloway Drive, Everton Park QLD 4053

 Email: [info@nmtsb.com](mailto:info@nmtsb.com)

 Submit: Or Via the "SUBMIT FORM" button on this document

**Please be sure to consult NMTSB's fee schedule, which is available on our website [www.nmtsb.com](http://www.nmtsb.com), prior to confirming your appointments.**