



## Client Intake Form

### For Children Commencing Music Therapy

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#### 1 Child 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"/>
School/kindy currently attended	<input type="text"/>		

#### 2 Parent/Guardian

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

#### 3 Child Medical / Therapy History

##### Medical Diagnosis & Information

Is your child currently attending any other therapies? *If yes, please provide details, including contact name/phone, so that we may get in touch if relevant*

Yes  No

Do you give permission for us to contact the therapists named above to discuss your child? Yes  No

Please summarise your child's psychological/emotional/behavioural characteristics:

What is your child's current method of communication?

Does your child have any sensitivities to sound? Yes  No  Unsure  *If yes, please provide details:*



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#### 4 Music Therapy Goals

Please provide details of your child's specific interestings, including their favourite instrument, song, hobbies 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 IEP (*Individualised Education Plan - School Aged children only*) goals for your child, as they may be relevant to music therapy.

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

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

Please provide the following preferences for your child's session times:

What is your preferred day:

Monday  Tuesday  Wednesday  Thursday  Friday

Where is your preferred location:

Arana Hills  Everton Park  Home Visits  School Visits  Other Location




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

Preference 1  Preference 2  Preference 3

#### 5 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 and NMTSB's terms and conditions policy, which is available on our website [www.nmtsb.com](http://www.nmtsb.com), prior to confirming your appointments.**