



Client Intake Form

For Children Commencing Music Therapy

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?

5 Session Preferences & Administration

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

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

 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, prior to confirming your appointments.