HADHAM MUSIC THERAPY

Music Therapy contact / referral form

Please complete this form to enquire about or to make a referral for a music therapy assessment.

Name of client:

Date of Birth:

***Referred by:**
(*if under 18 or not able to make the referral personally)

Email address:

Phone number:

Home address:

Reasons for referral:

Background / additional information:

HADHAM MUSIC THERAPY

Music Therapy Consent Form

Name of client:

Date completed:

Please indicate whether you give your permission for the following:

		Yes	**No**
1.	Client to receive a music therapy assessment and ongoing music therapy if then appropriate.		
2.	Sessions audio/video recorded for therapist's personal reflection ** You can refuse consent for recording without affecting the client's access to music therapy sessions**		
3.	Therapist to talk about the client's therapy for training purposes (name will be changed to protect identity)		

Signed:

Date:

Print name:

Relationship to client if applicable:

Please refer to the website privacy policy for details of how your personal information will be recorded and processed.