

## MUSIC THERAPY REFERRAL

Welcome to Nordoff-Robbins Music Therapy Australia.

Nordoff-Robbins is a not for profit organisation specialising in music therapy programs that assist individuals and groups to achieve their goals. The following information will assist our clinic team to identify focus areas for your initial assessment.

### CONTACT DETAILS:

Name of client		Date of birth	
Phone number		Email	
Address		Suburb	
		Postcode	
First contact	Relationship to client	Mobile	
Second contact	Relationship to client	Mobile	

### CLIENT INFORMATION:

Why would you/your child like to be involved in music therapy?
What are your child/family member's strengths?
How would you describe your child/family member's character/personality?
Does your child/family member have any vision or hearing difficulties?
Would your child/family member require physical support to participate in music therapy?

Does your child/family member have a formal diagnosis?

Details:

Does your child/family member have a current risk assessment plan?

Yes [If yes, please provide this before your first session]

No

## MUSIC THERAPY DOMAINS:

In which of the following areas would you like music therapy to support:

### Social interaction

Comment:

Turn taking  
Imitation  
Initiating  
Sustaining  
Joint attention  
Play skills  
Engagement

### Cognitive Processes

Comment:

Attention  
Memory  
Information processing  
Decision making  
Impulse control  
Flexibility

### Physical Participation

Comment:

Fine motor  
Gross motor  
Motor planning  
Motor learning  
Endurance  
Body awareness

### Communication

Comment:

Language skills  
Listening skills  
Following directions  
Non-verbal communication  
Energy arousal  
Self-expression  
Behaviour

### Emotion

Comment:

Emotional discrimination  
Managing emotions

## CURRENT SERVICES:

What services are you currently using? Please provide contact details below

Speech therapy	Organisation:	Contact Name:	Phone:
Occupational therapy	Organisation:	Contact Name:	Phone:
Psychology	Organisation:	Contact Name:	Phone:
Behavioral support	Organisation:	Contact Name:	Phone:
Other	Organisation:	Contact Name:	Phone:

## FUNDING:

How will you be accessing services?

Privately funded  
NDIS agency managed  
NDIS self-managed  
NDIS plan managed  
Other:

## DETAILS:

NDIS number		
Name of managing organisation:		
Contact:	Phone:	Email:
Name of funding organisation:		
Contact:	Phone:	

## AVAILABILITY AND LOCATION:

We will do our best to accommodate your request. Sessions are conducted on a weekly basis. In the event that we cannot accommodate your availability, the client will be placed on our waiting list.

Clinic Preference	Availability	Time [please specify]
Kingswood	Monday	
Penrith	Tuesday	
Glenbrook	Wednesday	
Katoomba	Thursday	
Annangrove	Friday	

Thank you for your time, a member of our team will be in touch with you shortly. Should you wish to book a consultation to discuss your referral further please contact our office on 02 4736 0240