

# Music Therapy Referral Form

Name of client .....

Name of referrer .....

Address .....

Address .....

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Phone number .....

Phone number .....

Next of kin .....

Relationship of referrer to client and  
frequency of contact

Phone number .....

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Date of Birth .....

Name of GP .....

Care Co-ordinator.....

GP Surgery .....

Phone number .....

Phone number .....

Brief history of illness, including all periods of hospitalisation .....

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**What issues do you feel music therapy might be able to help you with?** (Below we've listed some of the things music therapy can help people with. Please tick as many of the boxes as you like, or go to 'Other Reasons for Referral' overleaf)

## 1. Communicating:

- Relating to people one-to-one
- Relating to people in a group
- Making myself heard / feeling I have a voice
- A way of expressing myself without words
- Help with thinking/talking about my problems/symptoms/feelings

**2. Confidence:**

- Confidence in a group
- Self-esteem
- Feelings of powerlessness/helplessness

**3. Addressing feelings of depression:**

- Help with motivation
- Feeling 'stuck-in-a rut'
- Feeling low/depressed
- Help addressing feelings of despair

**4. Addressing feelings of:**

- Isolation
- Anxiety
- Anger

**5. Freeing my creativity**

**Other reasons for referral:**

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**Please indicate below if you would like group or individual music therapy:**

Group therapy       Individual therapy       Not sure

**Signed** ..... (client)      **Date** .....

..... (referrer)      **Date** .....

Please return completed form **(together with copy of recent risk assessment)** to:

**Soundwell Music Therapy**  
**Wiltshire Music Centre**  
**Bradford-upon-Avon**  
**BATH BA15 1DZ**

**Tel: 01225 862938**

**Email: enquiries@soundwell.org**