**Music Therapy Intake Form**

Client Name: DOB:

Parent/Guardian:

Phone: Email:

Client Diagnosis(es):

**Why are you interested in Music Therapy?**

Music Therapy is the use of music to address non-musical goals. The initial assessment will determine short term objectives. **Write 1 or more long terms goals you would like to address in music therapy.**

Communication Skills:

Motor/Movement Skills:

Social/Emotional Skills:

Attention/Cognitive Skills:

Behavioral Skills:

Coping and Leisure Skills:

Daily Living Skills:

**What type of music does the client like? Write songs, bands, or genres:**

**Does the client receive other therapies? What goals is he/she already working toward?**

**What is one very important thing I should know about the client?**

**Would the client like to learn an instrument?**