



Coyote Music Studio
Denton, TX 76209
940-368-4828 tonya@coyotemusicstudio.com

Music Therapy Intake Form

Music Therapy is the use of music interventions designed for individuals/groups to accomplish their personal, non-musical goals within a therapeutic relationship. It's an ongoing, therapeutic service in which a Board Certified Music Therapist and a client (or group) develop a relationship through music in order to accomplish and continually assess progress in non-musical goals in areas such as improve social/emotional states, increase communication, develop/improve fine and gross motor skills, improve academics, improve quality of life, and others.

Assessment Before beginning music therapy, you'll meet with the music therapist to discuss the goals and objectives to be addressed during music therapy, the type of music, and the strategies that will be used to achieve those goals. Each 60 min assessment consists of a short interview with client and family followed by a series of one-on-one music therapy strategies (client and MT). You'll receive a report with possible goals, objectives, and strategies to approve before beginning ongoing music therapy sessions.

Payment is due at the end of each session. You may also pay monthly in advance. Contact your CLASS provider if you already receive services in order to add Music Therapy. Some HSAa will pay for music therapy as well, check with yours.

Print Client Name: _____ **DOB:** _____

Parent/Guardian if client is a dependent: _____

Address: _____

Phone: _____ Email: _____

Client Diagnosis(es): _____

I understand that this information will only be used by Coyote Music Studio to improve my music therapy services and will not be shared outside of my therapeutic relationship.

Client (or guardian) signature _____ **Date** _____

What skill areas would you like to address? List 1 goal or area of concern for every goal checked.

- Communication _____
- Motor/Movement _____
- Social/Emotional _____
- Cognitive _____
- Attention _____



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Music. Therapy. Education.

- Behavioral _____
- Coping _____
- Leisure/Quality of Life _____
- Daily Living Tasks _____

What is something important that I should know about the client?

List 1 or more things the client has said or done that makes you believe they would be a good candidate for music therapy

What type of music (or specific songs) does the client sing, dance, or respond to most at home?

Does the client receive other therapies? List 1 or 2 objectives the client is already working on.

Would the client like to learn an instrument in addition to non-musical goals?

(recorder, piano, ukulele, guitar)
