## **Music Therapy Client Information –** Assessment/Screening QUESTIONAIRRE FORM

Client Name:				
Sex: male female	DOB/age:			
Diagnosis- Primary:	<u>-</u>			
Secondary:				
Address:				
phone #:	_ email:			
Cell #(s):				
Parent/Guardian:				
Sibling name(s) and age(s):				
Emergency Contact Information (if not able to r	each parents):			
Name:	Phone:			
Relationship:				
Name:Relationship:	Phone:			
Background Information				
Grade Level/Educational setting:				
Current Services/Frequency/Location/Goals & Objectives:				
1. SLT frequency & location				
G/o				
2. OT frequency & location G/o				
G/o				
4. Medical frequency & location_ G/o				
Clo				

6.	Home Program	_
7.	Other:	_
Speech/Language skills: Please describe primary means of communication (sign, augmentative communication device, gesture, vocal – words, phrases, etc)		
	ease check all that apply:  pressive:BabblesRepeats words/perseverates/echolalic    One-two word responsesTalks in sentences    Gives hand signals or uses sign language-Which?	
Re	eceptive: Comprehends verbal directions (touch, give me, point, etc. Comprehends descriptions Comprehends facial and body gestures	
Ве	ehavioral issues/triggers/defensiveness/sensitivities:	
		_
Ge	eneral	
Str	rengths:	-
		_
_		
Are	eas of Need:	-
		_
Pa	arental/Guardian	
Go	pals/Objectives/Concerns:	_
		_
•		
Oti	therInformation:	_
		_
		_

## **Music Specifics**

- 2. Please list any particular songs and/or instruments the individual likes and/or attends to:

  3. Please state why you believe music therapy would benefit the individual:

  Parent/Guardian signature

  Date

Please feel free to contact us directly if you have any questions or concerns. Therapy Connections of South Texas, 1001 Louisiana Ave., Ste. 200, Corpus Christi, TX 78404 361-815-2433 phone - therapyconnections@att.net – 361-853-7216 fax

Thank you again for your time and cooperation.

## Please return completed forms to Therapy Connections prior to appointment.

MUSIC THERAPIST USE ONLY	
Date/Time:	Location:
Interviewed/Observed by:	