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Music Therapy Referral Form

Name: **Date of Birth:**

Referred by: **Date of Referral:**

Class:

Background information:

Diagnosis, family history, significant life events, medication.

Areas of concern:

Describe any areas that cause concern e.g. communication difficulties, aggression, nervousness/anxiety, low self-esteem, withdrawn behaviour, social interaction.

Reasons for Referral to Music Therapy:

Why do you think the child may benefit from therapy?

Has the child had music/art/drama therapy before?

Other Professionals involved:

Any Preferred Outcome Models:

Any other comments: