

**Sunraysia Arts and Learning Music Therapy Referral Form**

Confidential information. All information is kept private unless you give permission to share it.

|  |  |
| --- | --- |
| Given Name | Surname |
| Preferred name | Gender |
| Date of Birth | Country of Birth |
| Address | |
| Participant Phone Number | Email address |
| Emergency Contact Name | Phone |
| Relationship | |
| Allergies | |
| Special Access or Communication Requirements | |
| Funding Source (if applicable) | |
| Is an interpreter required Y/N what language? | |
| Information about disability, chronic health or mental health condition? | |
| What has prompted this referral? What do you hope to achieve from music therapy supports? | |

|  |  |
| --- | --- |
| What are the goals for music therapy? | |
| Are there other health/education professionals involved? Y/N | |
| Name of referring person | Role of referring person |
| Referrer contact |  |
| I declare that the participant is aware of this referral and consents to providing this information | |
| Signed | Date |
| Name |  |
|  |  |
|  |  |
|  |  |

Please send the completed form to catherine@sunraysiaartsandlearning.com.au or PO Box 198 Merbein Vic 3505

Once received we will acknowledge the referral either by telephone or e-mail. We will contact the participant to discuss the referral within one week.

Sunraysia Arts and Learning

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Merbein 3505

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