



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

198 Third St

Merbein 3505

0420939229

catherine@sunraysiaartsandlearning.com.au