A logo with colorful letters

Description automatically generated

***Kathy Butcher -*** *Registered Music Therapist (#667)*

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A logo of a camera

AI-generated content may be incorrect.@playsingmusictherapygrafton

**Music Therapy Referral Request/Intake Form**

*Please complete and return to – kathy@playsingmusictherapy.com.au*

|  |  |
| --- | --- |
| ***FOR ORGANISATIONS*** | |
| Name: |  |
| Organisation details: | Name of organisation:  Address:  Phone:  Email: |
| Date of referral: |  |

|  |  |
| --- | --- |
| ***FOR PARENTS*** | |
| Name: |  |
| Details: | Address:  Phone:  Email: |
| Date of referral: |  |

|  |  |
| --- | --- |
| ***Location*** *(please circle)* | |
| Music Therapy rooms  I, Level 1, 17 Prince Street Grafton | Other (school etc) address: |

|  |  |
| --- | --- |
| Name of child/person: |  |
| Preferred name: |  |
| Date of Birth: |  |
| School and year (if applicable): |  |
| Address (if not stated above): |  |
| Phone (if not stated above): |  |
| Email (if not stated above): |  |
| Contact through Messenger (tick if preferred): |  |
| Diagnosis (if applicable): |  |
| Reason for referral (please note any concerns, goals, other): |  |
| Other therapies and contact details: |  |

**NDIS Information (if applicable):**

|  |  |
| --- | --- |
| NDIS participant number: |  |
| Plan dates: |  |
| NDIS plan attached or list goals here: |  |
| How will accounts be paid (please circle)?  \*Please note NDIA managed is not an option to receive music therapy | Plan-managed Self- managed |
| If plan managed: | Company:  Contact person:  Phone number:  Address:  Email address for accounts: |
| Support Coordinator details: | Name:  Organisation:  Address:  Phone numbers:  Email: |
| Any other information? |  |