

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

17 Prince Street GRAFTON NSW 2460 - PO Box 1500 GRAFTON NSW 2460

0432 804 615 - kathy@playsingmusictherapy.com.au - [www.playsingmusictherapy.com.au](http://www.playsingmusictherapy.com.au)

@playsingmusictherapygrafton

**Music Therapy Referral Request/Intake Form**

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

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

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

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| --- |
| ***Location*** *(please circle)* |
| Music Therapy roomsI, 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? |  |