

**CENTER FOR MUSIC THERAPY**

**Intake Form**



*Please fill out all information as accurately as possible. This information will assist our center in determining the most beneficial placement options and treatment plan for the client described below.*

Date \_\_\_\_\_

Name of Person Completing Intake \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Name of Referral \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Campus: \_\_\_\_\_

**Client's Contact Information** Demographic Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

What type of residence is this? \_\_\_\_\_

**Parent/Guardian's Contact Information** Demographic Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Does this client have a House Manager? \_\_\_\_\_

House Manager Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Reach \_\_\_\_\_

Does this client have a Case Manager? \_\_\_\_\_

Case Manager \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Reach \_\_\_\_\_

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**Client Details**

**General Information**

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of Today \_\_\_\_\_

Has the client ever been in music therapy before? \_\_\_\_\_

If so, where and how long? \_\_\_\_\_

Has the client ever taken music lessons before? \_\_\_\_\_

If so, where and how long? \_\_\_\_\_

Religious Affiliation (include any related food restrictions)

Holidays Celebrated (include secular, such as Halloween)

Is the client toilet-trained? \_\_\_\_\_

Does he/she use the bathroom independently? \_\_\_\_\_

Does the client have siblings? \_\_\_\_\_

If so, please list names and ages.

**School/Workshop/Workplace**

Does the client attend school? \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

Type of Classroom \_\_\_\_\_

If the client is mainstreamed, for which classes is he/she mainstreamed?

Does the client have an aide in school? \_\_\_\_\_

Has the client been in band or chorus in school? \_\_\_\_\_

Does the client work in a workshop or other supervised vocational setting? \_\_\_\_\_

If so, where? \_\_\_\_\_

Does the client work in a moderately supervised, community location? \_\_\_\_\_

If so, where? \_\_\_\_\_

Teacher/Supervisor's Name \_\_\_\_\_

Teacher/Supervisor's Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Teacher/Supervisor's Email \_\_\_\_\_

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**Other Therapies**

Does the client participate in any other therapies? Check all that apply.

- Occupational Therapy school
- Occupational Therapy- private (Please complete the following info)\*  
Therapist's Name \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_
- Speech Therapy- school
- Speech Therapy- private (Please complete the following info)\*  
Therapist's Name \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_
- Physical Therapy-school
- Physical Therapy- private (Please complete the following info)\*  
Therapist's Name \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_
- Therapeutic Horseback Riding \_\_\_\_\_
- Other - Therapist's Name and Discipline \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

\*Prior to discussion, we require a release of information authorization.

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**Diagnostic and Medical**

Diagnoses or Presenting Problems? \_\_\_\_\_  
\_\_\_\_\_

Is the client on any medications? \_\_\_\_\_  
If so, please list. \_\_\_\_\_

Does the client have any allergies or sensitivities? (if so, please list)  
\_\_\_\_\_

Does the client have any dietary restrictions?  
\_\_\_\_\_

Does the client experience seizures? \_\_\_\_\_  
Does the client have any medical concerns?  
\_\_\_\_\_

**Social**

Please describe the client's social skills with peers.  
\_\_\_\_\_

Please describe the client's social skills with family members.  
\_\_\_\_\_

Please describe the client's social skills with authority figures.  
\_\_\_\_\_

Does the client have a group of friends? \_\_\_\_\_  
If not, what appears to be his/her specific difficulty?  
\_\_\_\_\_

Has the client been involved in any therapeutic social skills groups? \_\_\_\_\_  
If so, please identify the group. \_\_\_\_\_

Does the client belong to any special interest or recreational groups (Scouts,  
Special Olympics, etc.)? \_\_\_\_\_

Does the client participate appropriately in group activities? \_\_\_\_\_

Does the client interact well on a one-to-one basis? \_\_\_\_\_

Does the client have any special skills or interests (baseball, swimming, trains,  
animals, etc.)? \_\_\_\_\_

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**Academic**

Does the client have an IEP, IHP or other formal treatment plan? \_\_\_\_\_

Does the client match colors? \_\_\_\_\_ Verbally label colors? \_\_\_\_\_

Is the client color blind? \_\_\_\_\_

Does the client utilize one-to-one correspondence when counting? \_\_\_\_\_

Does the client identify and label numbers? \_\_\_\_\_ Letters? \_\_\_\_\_

Does the client read? \_\_\_\_\_

If so, at what level? \_\_\_\_\_

Is reading comprehension at grade level? \_\_\_\_\_

Does the client write or print independently? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

With which hand does he/she write? \_\_\_\_\_

Please describe the client's computer skills. \_\_\_\_\_

Does the client have difficulty organizing schoolwork? \_\_\_\_\_

Does the client use a visual schedule utilizing icons or graphics? \_\_\_\_\_

Does the client use a written schedule? \_\_\_\_\_

Please identify the client's ability to follow directions independently.

One-step directions \_\_\_\_\_

Two-step directions \_\_\_\_\_

Three-step directions \_\_\_\_\_

Multi-step/complex directions \_\_\_\_\_

Does the client have difficulty maintaining attention to directions and tasks? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

**Emotional**

Does the client display emotions appropriately? \_\_\_\_\_

Please describe any abnormal fears or anxieties displayed by the client.

\_\_\_\_\_

Does the client act out, tantrum, or get angry easily? \_\_\_\_\_

Has the client suffered any emotional trauma or recent change in life  
circumstances? \_\_\_\_\_

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How would you describe the client's level of self-esteem?  
\_\_\_\_\_

**Communication**

Does the client display any speech or language difficulties? \_\_\_\_\_

Does the client communicate verbally? \_\_\_\_\_

Do others easily understand the client's speech? \_\_\_\_\_

Does the client have any stereotypic speech (non-functional, repeated words and/or phrases)? \_\_\_\_\_

Does the client speak in complete sentences? \_\_\_\_\_

Does the client answer questions? \_\_\_\_\_

Does the client ask questions? \_\_\_\_\_

Does the client make independent comments? \_\_\_\_\_

Does the client engage in back and forth conversations? \_\_\_\_\_

If so, approximately how many turns? \_\_\_\_\_

Does the client communicate using sign language? \_\_\_\_\_

If so, please describe his/her skills in using sign language.  
\_\_\_\_\_

Does the client use an augmentative communication device? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

**Motor**

Does the client have any gross/large motor difficulties? \_\_\_\_\_

Is the client fully ambulatory? \_\_\_\_\_

Does the client have full use of all of his/her limbs? \_\_\_\_\_

If not, please describe. \_\_\_\_\_

Does the client have any fine motor difficulties? \_\_\_\_\_

Is the client able to perform fine motor tasks with both hands? \_\_\_\_\_

Does the client frequently drop items or have difficulty holding objects? \_\_\_\_\_

Has the client been diagnosed with high or low muscle tone? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

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The Music Settlement

UNIVERSITY CIRCLE

**Oral**

Does the client have any feeding issues? \_\_\_\_\_ Respiratory issues? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

**Sensory**

Has the client been diagnosed with any degree of vision loss? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

Does the client wear glasses or contact lenses? \_\_\_\_\_

Has the client been diagnosed with any degree of hearing loss? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

Does the client wear hearing aids? \_\_\_\_\_

Does the client have a history of ear infections? \_\_\_\_\_

Does the client have any sensory processing issues? \_\_\_\_\_

If so, please check all that apply.

- Tactile Defensiveness/ Tactile Seeking (touch)
- Vestibular Dysfunction (awareness of body in space)
- Proprioceptive Dysfunction (planning & maintaining movement)
- Auditory Sensitivity/ Lack of Sensitivity (sound)
- Other \_\_\_\_\_

Does the client engage in any repetitive behaviors? \_\_\_\_\_

Is the client over-stimulated by crowds, lights, or sounds? \_\_\_\_\_

Would the client be distracted by movement, light or sound in an adjoining room? \_\_\_\_\_

Would the client be over-stimulated or overwhelmed in a large room with a great deal of equipment and materials? \_\_\_\_\_

**Safety**

Are there any precautions that should be taken with the client, in regards to his/her personal safety? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

Has the client ever displayed aggression towards people? \_\_\_\_\_

Has the client ever destroyed property? \_\_\_\_\_

Has the client ever been convicted of a crime? \_\_\_\_\_

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**Musical**

What is the client's favorite style of music? \_\_\_\_\_

Does the client have a favorite artist or artist/song or songs?

\_\_\_\_\_

Does the client know popular children's music (Raffi, Wiggles, Berkner, recent Disney music, etc.)? \_\_\_\_\_

Does the client know traditional children's songs? \_\_\_\_\_

Are there instruments in which he/she is particularly interested?

- Piano
- Guitar
- Drums/Percussion
- Other \_\_\_\_\_

How does the client respond to music?

- Dance
- Sing
- Move
- Play Instruments

Does the client display any particular musical aptitude (skills, abilities, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Interest in Music Therapy at The Music Settlement**

In what type of music therapy session are you interested?

- Individual
- Partner
- Group
- September-June
- Summer (June-July)

Is the client interested in our music therapy summer camps? \_\_\_\_\_

Does the student have previous experience in camps? \_\_\_\_\_

Was the previous experience positive or negative? Please explain.

\_\_\_\_\_

What camp? \_\_\_\_\_

What type of camp?

- Special Needs
- Traditional
- Traditional with Inclusion Track
- Other \_\_\_\_\_

How many years did the client participate? \_\_\_\_\_

Did the client participate through the duration of the camp? \_\_\_\_\_

Was there a counselor specifically assigned to your child? \_\_\_\_\_

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**Funding for Music Therapy**

*Every client is given an opportunity to apply for Financial Aid at The Music Settlement. Financial Aid is awarded to our clients based on income (most recently filed Federal tax return and/or government assistance annual award letter) and number of dependents in your family. Applications for the Financial Aid program are available at the time of registration.*

**Are you interested in The Music Settlement’s Financial Aid program? \_\_\_\_\_**

**Do you have another source of funding from a third party provider\*? \_\_\_\_\_**

**Administrator’s Name \_\_\_\_\_**

**Organization/Agency Name \_\_\_\_\_**

**Address \_\_\_\_\_**

**Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_**

**Fax \_\_\_\_\_ Email \_\_\_\_\_**

**Supervisor’s Name \_\_\_\_\_**

**Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_**

**Fax \_\_\_\_\_ Email \_\_\_\_\_**

*\*After placement within our department, our administrative assistant will contact your third party provider (with your consent) and complete the necessary paperwork for funding. If you are interested in seeking coverage for music therapy services under your private insurance, please let us know and we will attempt to assist you with the materials you require.*



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**Availability** (Please check **all** that apply.)

**What is the client's availability from Sept-June?**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
<input type="checkbox"/> anytime					
<input type="checkbox"/> 9:00-10:00					
<input type="checkbox"/> 10:00-11:00					
<input type="checkbox"/> 11:00-12:00					
<input type="checkbox"/> 12:00-1:00					
<input type="checkbox"/> 1:00-1:30					
<input type="checkbox"/> 1:30-2:00					
<input type="checkbox"/> 2:00-2:30					
<input type="checkbox"/> 2:30-3:00					
<input type="checkbox"/> 3:00-3:15					
<input type="checkbox"/> 3:15-3:30					
<input type="checkbox"/> 3:30-3:45					
<input type="checkbox"/> 3:45-4:00					
<input type="checkbox"/> 4:00-4:15					
<input type="checkbox"/> 4:15-4:30					
<input type="checkbox"/> 4:30-5:00					
<input type="checkbox"/> 5:00-5:30					
<input type="checkbox"/> 5:30-6:00					

**What is the client's summer availability?**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<input type="checkbox"/> anytime				
<input type="checkbox"/> 9:00-10:00				
<input type="checkbox"/> 10:00-11:00				
<input type="checkbox"/> 11:00-12:00				
<input type="checkbox"/> 12:00-1:00				
<input type="checkbox"/> 1:00-2:00				
<input type="checkbox"/> 2:00-3:00				
<input type="checkbox"/> 3:00-4:00				
<input type="checkbox"/> 4:00-5:00				
<input type="checkbox"/> 5:00-6:00				

Additional Notes: \_\_\_\_\_