

CENTER FOR MUSIC THERAPY
Intake Form



Thank you for choosing The Music Settlement to explore music therapy services for your family! 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 _____
How did you hear about us? _____

Client's Contact Information

Name _____
Address _____
City _____ State _____ Zip _____
Primary Phone _____ Email _____
Does anyone else live at this address with the client (i.e., parents, siblings, roommates, etc.)? If so, please list names and/or relationship to client: _____

Parent/Guardian's Contact Information

Name _____
Address _____
City _____ State _____ Zip _____
Primary Phone _____ Email _____

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Client's Personal Information

Date of Birth _____ Gender _____ Race _____

Please list the client's diagnosis and/or presenting problem(s):

Please list any current medications:

Please list any current allergies:

Please list any other medical concerns that we should be aware of (i.e., seizures):

Are there any safety precautions that should be taken with the client for their safety and/or the therapists' safety? If so, please explain:

Has the client ever displayed aggression towards people? Yes No

Does the client attend school and/or work? If so, please list the school/facility name: _____

Does this client have a house and/or case manager other than the guardian listed above? If so, please share their contact information:

Name _____ Type of Manager _____

Primary Phone _____ Email: _____

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

Occupational Therapy Speech Therapy Physical Therapy

Counseling Other _____

Has the client ever been in music therapy before? If so, where and how long?

We will not contact previous music therapists nor current therapy providers unless granted specific permission by client's guardian via release of information authorization form.

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Client's Personal Information (*continued*)

What is the client's favorite type(s) of music? Please list/explain:

Are there any specific instruments in which the client is particularly interested?
Please list/explain:

Is there anything else you feel is important to know about this client?
Please share here:

Music Therapy at The Music Settlement

Our individual music therapy services take place on-site at the TMS University Circle and Ohio City campus locations. Off-site individual sessions will only be considered in special circumstances, and you must notate this "special request" on the form space below.

What type of music therapy session are you interested in: (Check all boxes that apply)

- Individual
- Group
- Full Year (46 weeks)
- Summer (June-August)

What are the best days/times the client is available to be scheduled for sessions?
Please list here:

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Funding for Music Therapy

Are you interested in The Music Settlement's Financial Aid program? (y/n) __

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 household Federal tax return and/or government assistance annual award letter is required). Applications for the Financial Aid program with a copy of The Music Settlement's Financial Aid Policy, Notice of Privacy Practices, and Authorization for Business & Health Information Transmission policy will be provided prior to your scheduled assessment session.

Do you have another source of funding from a third-party provider*? _____

Case Manager's Name _____

Organization/Agency Name _____

Address _____

Primary Phone _____ Email _____

After your scheduled assessment session, our administrative assistant will contact your third-party provider (with your consent) and complete the necessary paperwork for funding. This may also include reimbursement for the assessment session fee and/or additional registration fee. This is dependent on third-party provider regulations.

Once this form is completed and returned, you will be contacted by our administrative assistant to schedule the initial assessment session. Please don't hesitate to contact us if you have any further questions.

Thank you!

Carol Metlicka
Registrar/Administrative Assistant
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Visit us on the Web at www.themusicsettlement.org