**SYMPHONY OF HOPE MUSIC THERAPY SERVICES, LLC**
**CLIENT INTAKE FORM**

Welcome!

Thank you for your interest in music therapy. Our mission is to bring healing, hope, and joy through the power of music for individuals of all ages and abilities. This form will help us understand your unique needs, strengths, and preferences so we can create the best possible music therapy experience for you.

Your privacy is important so this form will be received only by the music therapist. After completing it, you will receive a call within two business days to schedule your free phone consultation.

Please complete this form to the best of your ability. If you have questions, feel free to call us.

## 1. Free Phone Consultation

**Name of person completing this form:**
First Name: _____ Middle Initial (optional): _____ Last Name: _____

☐ I am completing this form for myself

☐ I am completing this form for someone else

If you are filling out for someone else, please select your relationship to the client:

☐ Parent

☐ Spouse

☐ Guardian

☐ Other: _____

## 2. Client Personal Information

**Client Name:**
First Name: _____ Middle Initial (optional): _____ Last Name: _____

**Gender of Client (optional):**

☐ Female

☐ Male

☐ Prefer to self-describe: _____

☐ Prefer not to say

Anything else you'd like me to know for respectful communication? (Optional — could include pronouns, nicknames, titles, or other preferences):

**Date of Birth (Required for records):**
____ / ____ / _____ (mm/dd/yyyy)
**This information helps me keep accurate records and ensures that the music therapy activities and goals are appropriate for you or the client.*

**Client diagnosis (required):**
Please provide any known diagnoses or medical/developmental conditions for yourself or your child. This helps me tailor the music therapy interventions appropriately.

## 3. Contact Information

**Primary Contact Name:**
*(If the client is a minor, please enter the parent or guardian's name; if adult, enter your own name.)*

**Relationship to Client:**

- ☐ Parent
- ☐ Guardian
- ☐ Self
- ☐ Other: _____

**Primary Phone Number:** _____ **Secondary Phone Number (optional):** _____

**Email Address:** _____

**Best Contact Method (required)**

Please select your preferred way to be contacted:

☐ Phone call ☐ Text message ☐ Email

**By selecting one of the above, I agree to receive communications from Symphony of Hope Music Therapy Services, LLC.*

## 4. Emergency Contacts

**Emergency Contact #1 (Required)**
First Name: _____ Last Name: _____
Phone Number: _____ Relationship to Client: _____

**Emergency Contact #2 (Optional)**
First Name: _____ Last Name: _____
Phone Number: _____ Relationship to Client: _____

## 5. Medical / Health Information

- Known medical conditions or diagnoses (please list any that were not mentioned earlier):

- Allergies (medications, food, environmental):

- Current medications:

- Hearing or vision concerns:

  _____

- Physical limitations or mobility concerns:

- Sensitivities (Please describe any sensory sensitivities, such as to loud sounds, bright lights, textures, touch, or smells):

**Behavioral and Safety Considerations:**

Are there any precautions that should be taken with the client to ensure his/her personal safety and the safety of others during sessions?

☐ Yes ☐ No

If yes, please describe:

Are there any known triggers or situations that may cause distress or agitation?

☐ Yes ☐ No

If yes, please describe:

## Other Therapies and Supports

Is the client currently receiving any other therapies or services? (e.g., speech therapy, occupational therapy, counseling)

☐ Yes ☐ No

If yes, please list the types of therapy and providers (if known):

_____

Are there any goals or recommendations from other therapists that you'd like me to know about?

If yes, please list them here:

Does the client have an Individualized Education Program (IEP), 504 Plan, or other educational support plan? *(This mainly applies to school-aged clients; adults may select "No" or "Unsure" if not applicable.)*

☐ Yes ☐ No ☐ Unsure

If yes, please describe any relevant goals or accommodations you'd like me to be aware of:

## 6. Music Background and Preferences (Optional)

**Music Background (if any):**

Check all that apply

☐ Played an instrument (please specify instrument

☐ Vocal / Singing

☐ Dance

☐ Other (please describe): _____

**Preferred Music Styles:** Check all that apply

☐ Hymns (e.g., Gospel, Spirituals, Contemporary Christian)

☐ Blues

☐ Country / Western

☐ Old Time / Popular

- [ ] Broadway / Musical Theater
- [ ] Classical
- [ ] Jazz
- [ ] Bluegrass
- [ ] Folk / Traditional
- [ ] R&B / Soul
- [ ] Rock
- [ ] Patriotic
- [ ] Big Band / Swing
- [ ] Ethnic / World Music
- [ ] Popular by Decade (circle all that apply):

  • 1920s • 1930s • 1940s • 1950s • 1960s • 1970s • 1980s • 1990s • 2000s • Current

**Favorite Musicians or Bands:** _____

**Favorite Songs:** _____

**Music or Sounds Not Enjoyed:** _____

**Additional Comments about Music Preferences:**

_____

## 7. Communication Abilities (Optional)

Please tell us about the client's communication abilities (check all that apply):

- [ ] Verbal (speaks in words/sentences)
- [ ] Non-verbal (does not speak)
- [ ] Uses AAC device or app (Augmentative/Alternative Communication)
- [ ] Uses sign language
- [ ] Expressive communication (can express wants/needs)
- [ ] Receptive communication (understands what is said)
- [ ] Can answer yes/no questions
- [ ] Can answer "wh" questions (who, what, where, when, why)
- [ ] Can ask questions (open or closed)

Additional details (optional): _____

## 8. Social Abilities (Optional)

Please describe the client's social skills (check all that apply):

- [ ] Can socialize independently with peers
- [ ] Can socialize independently with adults
- [ ] Needs support to socialize
- [ ] Shows awareness of others' feelings
- [ ] Shows self-awareness

Additional details (optional):

## 9. Cognitive Abilities (Optional)

Please check all that apply:

- [ ] Can identify numbers
- [ ] Can identify colors
- [ ] Can identify letters
- [ ] Can identify shapes
- [ ] Can identify animals
- [ ] Pre-literacy skills (e.g., recognizing symbols, books)
- [ ] Reading skills

Additional details (optional):

## 10. Emotional Needs (Optional)

Please check all that apply:

- [ ] Can identify own emotions
- [ ] Can express emotions verbally
- [ ] Can express emotions non-verbally (e.g., gestures, behavior)
- [ ] Can identify others' emotions
- [ ] Handles change well
- [ ] Has difficulty with change

Additional details (optional):

## 11. Attention Abilities (Optional)

Please describe attention abilities (e.g., easily distracted, can focus for X minutes, needs breaks):

## 12. Fine Motor Abilities (Optional)

Please check all that apply:

- [ ] Right-hand dominant
- [ ] Left-hand dominant
- [ ] Good hand-eye coordination
- [ ] Good hand grasp
- [ ] Uses pincer grasp (thumb and forefinger)
- [ ] Significant muscle tone needs (e.g., tightness or low tone)

Additional details (optional):

## 13. Gross Motor Abilities (Optional)

Please describe gross motor abilities (e.g., walking, balance, coordination):

## 14. Interests and Hobbies (Optional)

What are some of the client's favorite activities, interests, or hobbies? (Examples: sports, drawing, video games, nature walks)

## 15. Goals or Hopes for Music Therapy (Optional)

Please share any goals or hopes for what you or the client would like to get from music therapy. Examples include:

- Improving communication skills
- Enhancing emotional expression
- Increasing social interaction
- Developing motor skills
- Reducing anxiety or stress

You can write your own goals or use the examples above:

## 16. Client Availability (Required)

Please list all days and times you or your child are available for sessions. This does not commit you to scheduling but helps us know what might work after consultation.

*Example: Tuesday 10:00 AM–12:00 PM, Thursday 3:00–5:00 PM, Saturday 9:00–11:00 AM*

## 17. How Did You Hear About Symphony of Hope Music Therapy? (Required)

Check all that apply:

- ☐ Friend / Family Member
- ☐ School / Therapy Provider
- ☐ Social Media (Facebook, Instagram, etc.)
- ☐ Google Search
- ☐ Other (please specify): _____

## 18. Thank You!

Thank you for taking the time to fill out this form. Your responses help us provide the best personalized music therapy experience. We look forward to working with you!