

# REFERRAL FORM

DATE (dd/mm/yyyy)

---

## REFERRAL INFORMATION

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Organization/  
Institution (if  
aplicable) : \_\_\_\_\_

Email address : \_\_\_\_\_

Phone number : \_\_\_\_\_

## CLIENT INFORMATION

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_  
(dd/mm/yyyy)

Full Address : \_\_\_\_\_

E-Mail & Phone number (if applicable) : \_\_\_\_\_  
Postcode : \_\_\_\_\_

Gender :  Male  Female  Non-binary Preferred name : \_\_\_\_\_

Emergency Contact (name & phone number) : \_\_\_\_\_

Primary diagnosis/  
Reason for referral : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Referrer



# REFERRAL FORM

DATE (dd/mm/yyyy)

---

## MEDICAL HISTORY

Relevant health conditions & diagnoses : \_\_\_\_\_  
 \_\_\_\_\_

Current medications : \_\_\_\_\_  
 \_\_\_\_\_

Previous therapies/ interventions : \_\_\_\_\_  
 \_\_\_\_\_

Allergies/ sensitivities : \_\_\_\_\_  
 \_\_\_\_\_

## GOALS FOR MUSIC THERAPY

Healthcare goals : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas of concern : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else we should know? (music preferences, triggers, other relevant information, etc. ) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has consent been obtained by client or legal guardian for music therapy services?  Yes  No

---

Signature of Referrer



# REFERRAL FORM

DATE (dd/mm/yyyy)

---

## POLICIES & CONSENT

### CANCELLATION POLICY FOR MUSIC THERAPY SESSIONS

#### 1. Cancellation by Client:

- **24-Hour Notice:** Clients must provide at least 24 hours' notice to cancel or reschedule a session. Cancellations made with less than 24 hours' notice will be charged the full session fee without option for make-up sessions. Notice can be given through phone call or email.
- **Rescheduling:** Sessions can be rescheduled within the same week or month, subject to availability. To reschedule, please call HMT as we do not schedule through e-mail.

#### 2. Cancellation by Therapist:

- **Notice:** The therapist will provide as much notice as possible in the event of a cancellation. The therapist will offer a makeup session or a refund for any session canceled by them.
- **Emergency Cancellations:** In cases of emergency, HMT will inform the client as soon as possible and provide options for rescheduling or a refund.

#### 3. Late arrival by Client:

- A late fee of \$25 will be applied should a client arrive 15 minutes late to a scheduled session. This fee will take effect after the third late occurrence.

#### 4. Makeup Sessions:

- **Availability:** Makeup sessions will be offered based on therapist availability.
- **No Makeup:** If a client misses a session without proper notice, the missed lesson will be forfeited.

#### 5. Refunds:

- **Prepaid Packages:** If a client has prepaid for a package of sessions and needs to cancel, unused sessions will be refunded based on the policy above or transferred to future sessions.

#### 6. Holidays and Breaks:

- **Scheduled Breaks:** Sessions will not be held on major holidays. Any adjustments or makeup sessions will be coordinated in advance via email.

By signing below, you acknowledge that you have read, understood, and agree to the terms of this cancellation policy.

---

Signature

CONSENT FOR USE OF MEDIA : I give consent for my/my child's photos and videos to be used for promotional purposes by Hamilton Music Therapy.

---

Signature

Please email this completed form and any questions to  
[info@hamiltonmusictherapy.ca](mailto:info@hamiltonmusictherapy.ca)

