



## Background Information Form

Clients Name: \_\_\_\_\_

Personality Characteristics:

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Client Interests/Hobbies:

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Diagnosis(es):

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Medications:

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History of Treatment:

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How the Individual Communicates:

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Music Preferences:

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Previous Musical Experience:

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Previous Reports and Assessments:

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Current goal areas (e.g. motor coordination, speech clarity):

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Environmental factors we should be aware of (e.g. exit-seeking, violent behaviour, sensory needs):

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Reasons for Interest in Music Therapy:

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Other comments:

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