



## CHILD/ADOLESCENT MUSIC THERAPY REFERRAL FORM

DATE OF REFERRAL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
REFERRAL'S BIRTH NAME: \_\_\_\_\_ MA ID# (10-digit number): \_\_\_\_\_  
REFERRAL'S NICKNAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
REFERRAL'S HOME ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
LEGAL GUARDIAN'S NAME (if other than parent/guardian(s) listed above): \_\_\_\_\_  
PREFERRED MAILING ADDRESS: (if different from above): \_\_\_\_\_  
PARENT/GUARDIAN'S PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PARENT/GUARDIAN'S PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_ ID# \_\_\_\_\_ GROUP: \_\_\_\_\_  
PRIMARY CARE PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

### **PARTICIPANT DEMOGRAPHICS** (Indicate NA if preferred not to answer):

MEMBER'S RACE: \_\_\_\_\_  
MEMBER'S ETHNICITY: \_\_\_\_\_  
MEMBER'S SEXUAL ORIENTATION: \_\_\_\_\_  
MEMBER'S GENDER IDENTITY: \_\_\_\_\_  
MEMBER'S ASSIGNED SEX AT BIRTH: \_\_\_\_\_  
MEMBER'S PRONOUNS: \_\_\_\_\_  
MEMBER'S CHOSEN NAME (IF APPLICABLE): \_\_\_\_\_  
MEMBER'S PRIMARY WRITTEN LANGUAGE: \_\_\_\_\_  
MEMBER'S PRIMARY SPOKEN LANGUAGE: \_\_\_\_\_

### **REASON FOR REFERRAL**

CURRENT MENTAL HEALTH DIAGNOSIS(ES):  
\_\_\_\_\_

PLEASE DESCRIBE THE BEHAVIORAL HEALTH NEEDS INCLUDING SOCIAL AND EMOTIONAL HEALTH:

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PLEASE INDICATE PERSON'S PHYSICAL HEALTH NEEDS:

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IS THE PERSON A DANGER TO THEMSELVES OR OTHERS? IF YES, PLEASE DESCRIBE:

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**CURRENT TREATMENT AND/OR THERAPIES (OTHER THAN MUSIC THERAPY)**

SERVICE

AGENCY

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**ADDITIONAL INFORMATION**

SCHEDULING NEEDS: \_\_\_\_\_

ACCESSIBILITY REQUIREMENTS: \_\_\_\_\_

COMMUNICATION NEEDS: \_\_\_\_\_

PERSON MAKING REFERRAL: \_\_\_\_\_

RELATIONSHIP TO INDIVIDUAL: \_\_\_\_\_

IF DIFFERENT FROM PARENT/GUARDIAN, PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT WB MUSIC THERAPY?** \_\_\_\_\_

*PLEASE COMPLETE THIS FORM AND RETURN ONE OF THE FOLLOWING WAYS:*

- 1) MAIL TO: WB MUSIC THERAPY, LLC 7728 GREEN HILL ROAD, HARRISBURG, PA 17112  
\*this address is an administrative address only and not a service location
- 2) FAX COMPLETED FORM TO: 717-566-6556
- 3) IF FORM WAS SENT TO YOU VIA A LINK, SAVE OR UPLOAD THE COMPLETED DOCUMENT FILE ON THE SITE WHERE YOU ACCESSED THE FORM

\*If you are not the legal parent/ guardian of the referred individual, you must include a signed consent to release. information.