WBMT
WB Music Therapy, LLC
7728 Green Hill Road Harrisburg, PA 17112
(717) 468-1684 or (717) 514-8160

ADULT MUSIC THERAPY REFERRAL FORM

DATE OF REFERRAL:_____
REFERRAL'S BIRTH NAME: _____
REFERRAL'S PREFERRED NAME:_____
DATE OF BIRTH:_____
REFERRAL'S ADDRESS:_____
PRIMARY PHYSICAL HEALTH DIAGNOSIS(ES): _____
PRIMARY MENTAL HEALTH DIAGNOSIS(ES): _____

REASON FOR REFERRAL (please check all that apply and briefly describe the need(s) in these areas):

- COMMUNICATION _____
  _____
- SOCIAL _____
  _____
- BEHAVIORAL _____
  _____
- EMOTIONAL _____
  _____
- MOTOR _____
  _____
- OTHER _____
  _____

ACCESSIBILITY INFORMATION (indicate information including communication barriers, accessibility concerns, known scheduling preferences, transportation requirements, location of service needs, language differences, and preferred method of contact): _____
_____
_____

ARE YOU ENROLLED WITH A REP. PAYEE PROGRAM? IF YES, PLEASE IDENTIFY THE NAME OF THE PROGRAM, CONTACT PERSON AND INFORMATION: _____
PERSON MAKING REFERRAL: _____
RELATIONSHIP TO INDIVIDUAL: _____
PHONE: _____ EMAIL:_____

PLEASE COMPLETE THIS FORM AND RETURN BY 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

OR

2) FAX TO: 717-737-7486

IF FORM WAS SENT TO YOU VIA A LINK, SAVE THE FILE ON THE HIPAA COMPLIANT DRIVE SITE WHERE YOU ACCESSED THE FORM