# Music Therapy Self Referral Form

# Name ……………………... ……….. Name of worker involved in your care

# …………………………………………………

**Address** ….…………………………… **Address** ……………………………………..

…………………………………………….. …………………………………………………

………………………...…………………… …………………………………………………

**Phone number** ..…………………… **Phone number** .………………………..

**Email**  …………………………………….. **Email**  ……………………………………..

**Date of Birth** ..…………………… **Relationship of worker to client and frequency of contact**

**Next of Kin** ..…………………… ………………………………………………..

**Phone number**  ..…………………… **Name of GP** …………………………

**Care Co-ordinator**…….……………….. **GP Surgery** …………………………

**Phone number** …………………………. **Phone number** …………………………

**Email** ………………………………………

# Brief history of mental health, including all periods of hospitalisation

………………………………………………………………………………………………………...

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

What issues do you feel music therapy might be able to help you with? (Below we’ve listed some of the things music therapy can help people with. Please tick as many of the boxes as you like, or go to ‘Other Reasons for Referral’ overleaf)

1. **Communicating:**

* Relating to people one-to-one

* Relating to people in a group
* Making myself heard / feeling I have a voice
* A way of expressing myself without words
* Help with thinking/talking about my problems/symptoms/feelings

1. **Confidence:**

* Confidence in a group
* Self-esteem
* Feelings of powerlessness/helplessness

**3. Addressing feelings of depression:**

* Help with motivation
* Feeling ‘stuck-in-a rut’
* Feeling low/depressed
* Help addressing feelings of despair

1. **Addressing feelings of:**

* Isolation
* Anxiety
* Anger

**5. Freeing my creativity**

**Please indicate below if you would like group or individual music therapy:**

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

**Please indicate below if you would like group or individual music therapy:**

**Group therapy**  **Individual therapy**  **Not sure**

Please sign to give your consent for Soundwell therapists to contact your care co-ordinator/worker, with your prior permission or knowledge, should we have concern for you.

**Signed** ………………………………… (client) **Date**  ……….………………..

………………………………… (therapist) **Date**  …………………………

Please return completed form **(together with copy of recent risk assessment)** to:

**Soundwell Music Therapy**

**PO Box 3313**

**Bristol**

**BS5 5GJ Tel: 0300 365 3400 Email: enquiries@soundwell.org.uk**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equalities Monitoring Form** | | |  | | --- | |  | |  |  |
| Soundwell is committed to the principle that all our clients have the right to equality and fairness in the way they are treated and in the services that they receive. It would help us to check that we are providing services fairly if you would answer the questions below. | | | | |
|  |  |  |  |  |
| *You do not need to answer any of the following questions if you do not wish to, and you will not be affected in any way if you chose not to answer any, or some, of the questions.* | | | | |
|  |  |  |  |  |
| **I confirm that I have given consent to Soundwell to hold the following information which relates to me for the purposes described above.** | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender | tick |  | Ethnic background | tick |
| Male |  |  | White |  |
| Female |  |  | English / Scottish / Welsh / Northern Irish / UK |  |
|  |  |  | Irish |  |
| Age |  |  | Gypsy or Irish Traveller |  |
| 15-19 years |  |  | Any other white background |  |
| 20-24 years |  |  | Mixed / Multiple ethnic groups |  |
| 25-34 years |  |  | Mixed ethnic background |  |
| 35-44 years |  |  | Asian / Asian UK |  |
| 45-54 years |  |  | Indian |  |
| 55-64 years |  |  | Pakistani |  |
| 65-74 years |  |  | Bangladeshi |  |
| 75-84 years |  |  | Chinese |  |
| 85+ years |  |  | Any other Asian background |  |
|  |  |  | Black / African / Caribbean / Black UK |  |
| Religion or belief |  |  | African |  |
| No religion |  |  | Caribbean |  |
| Christian |  |  | Any other Black / African / Caribbean |  |
| Buddhist |  |  | Other ethnic group |  |
| Hindu |  |  | Other |  |
| Jewish |  |  |  |  |
| Muslim |  |  | Disability |  |
| Sikh |  |  | Significant physical health needs |  |
| Other religion |  |  | High mental health needs |  |
|  |  |  |  |  |
| Sexual orientation |  |  | Caring responsibilities |  |
| Heterosexual |  |  | With caring responsibilities |  |
| Lesbian, gay or bisexual |  |  | Without caring responsibilities |  |

*The information on this sheet will be used for no other purpose than for monitoring the fairness and effectiveness of our service delivery. No personal information which can identify you, such as your name or address, will be used in producing equality reports. We will follow our Data Protection Act guidelines to keep your information secure and confidential.*