



The entire staff of *Sound Health Music, Inc.* would like to thank you for choosing us and welcome you to our family.

It is our goal at *Sound Health Music* to provide you with outstanding services, support, and communication regarding your family's needs. We provide a therapeutic environment that is encouraging, well-informed, enjoyable, and sincere. We want you to be an integral and active participant in your child's therapy and learn how to provide an environment for your child and family that will support his/her development. We also want you to be involved in establishing goals, treatment planning, home exercises, and discharge planning. Our intention is to move towards a level of independence within everyone's abilities. *Sound Health Music* firmly believes that our board-certified music therapists will encourage, enable, and empower your child and family to develop to your fullest potential through music experiences.

Included in our paperwork you will find:

- o family/client information sheet
- o financial agreement

Please read all forms thoroughly so that you are informed about the agreements you are signing, and ask any questions to better help us serve you and your family.

We look forward to working with your family.

Thank you,

Kat Fulton, MM, MT-BC
Owner

Kaleigh Thomas, MT-BC
Primary Music Therapist

Maggie Wang, MM, MT-BC
Staff Music Therapist

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Client Information Form

Client's name: _____ DOB: _____

Primary caregivers' name(s): _____

Other caregivers' name(s): _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Cell phone number: _____

Email: _____ Preferred method of communication: _____

Diagnosis (if known): _____

Does your child currently receive other therapy services? Yes No

If "Yes," describe the other therapies being received and frequency/duration of therapy:

What are your priorities in seeking music therapy services?



Medical History

Please list any hospitalizations and/or medical procedures your child has received:

Does your child have any medical concerns? _____

Does your child currently take any medications? _____

Education Information

Is your child currently enrolled in school? Yes No

If "Yes", where and days attended: _____

Does your child receive any services through the school? Yes No

If "Yes", what services? _____

Does your child have a current Individualized Education Plan (IEP)? Yes No



Social/Emotional History

What are your child’s favorite activities? _____

What are your child’s favorite songs? _____

What typically calms/soothes your child? _____

Is your child currently enrolled in any community activities?

Anything else you would like to tell us about your family?

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO CHILD



Financial Agreement

An initial evaluation for music therapy services is **\$149.00**. An evaluation is required of all clients initiating music therapy services. The purpose of the evaluation is to assess the client’s developmental skills, speech skills, fine and gross motor skills, social skills, behavioral needs, emotional needs, and/or mental health needs as well as their musical preferences/skills. Results of this assessment will be utilized to determine appropriate goals and an appropriate treatment plan for your child.

For once or twice per month, *Sound Health Music* charges:

- \$50.00 per single 30-minute session
- \$90 per 60-minute session

For weekly recurring sessions, *Sound Health Music* charges:

- \$40.00 per single 30-minute session
- \$80.00 per single 60-minute session

CONSENT TO TREAT

I, _____ consent for the board-certified music therapists of Sound Health Music to provide my child, _____ with music therapy services. I consent to care and treatment falling under the practice guideline of the American Music Therapy Association (AMTA). I acknowledge that there is risk of injury with any therapy involving physical activities.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO CHILD