

 <p>Remedies in Rhythm Music Therapy</p>	<p><b>Remedies in Rhythm, LLC</b>  Music Therapy Services  Hannah Hoffman, MT-BC  Music Therapist - Board Certified  hannahhoffmanmtbc@gmail.com   231-881-5226</p>
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## MUSIC THERAPY ASSESSMENT REQUEST

(non-school related settings)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form is a request for a **music therapy assessment** conducted by a board-certified music therapist to support goals related to \_\_\_\_\_.

*related areas (not limited to): trauma, bi-polar disorder, Alzheimer's or related dementias, depression, schizophrenia, intellectual disabilities etc.*

\_\_\_\_\_ shows improved motivation and responsiveness when music is present, which I think could translate to supporting their current diagnosis.

Music has been observed to have a **positive effect** in the following areas:

- ☐ Motivation to complete tasks
- ☐ Attention/focus
- ☐ Social engagement with peers
- ☐ Verbal communication
- ☐ Nonverbal communication
- ☐ Emotional regulation
- ☐ Ability to learn or retain information
- ☐ Fine motor planning and execution
- ☐ Gross motor planning and execution
- ☐ Other: \_\_\_\_\_.

Based on these observations, I believe music therapy would benefit \_\_\_\_\_.

Please list current or previous therapies: \_\_\_\_\_.

Current list of medications include: \_\_\_\_\_.

Medical Providers name and location information: \_\_\_\_\_.

**Thank you for your consideration. Please submit this document to Hannah Hoffman, MT-BC**  
hannahhoffmanmtbc@gmail.com

Sincerely,

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

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_