



www.royaltonmusic.com
10167 Royalton Road • North Royalton, OH 44133
(440) 237-9400 • mail@royaltonmusic.com

Participant Profile

(please complete & return at your first session)

Name: _____

Age: _____ Date of Birth: _____

Lives at home? Yes ___ No ___ If not, where? _____

What school does the client attend? _____

Are there additional services rendered at the school? _____

If yes, please list: _____

Primary disabilities/ diagnosis: _____

Any medical conditions: _____

Has this individual received Music Therapy services before? Yes ___ No ___

If yes, with whom? _____

Where? _____ When? _____

Reason(s) for discontinuing services? _____

List expectations or areas of focus you have for Music Therapy services (Goals):

List days and times that are best available to receive services at this location:



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Parent/Guardian Information:

Name: _____

Address: _____

Telephone: _____ Work Phone: _____

Emergency contact: _____ Phone: _____

I hereby verify that all the information I have provided is true to the best of my knowledge.

 Parent/Guardian

 Date

How did you learn about our services? (Check all that apply)

- Internet
- Funding Source
- Newspaper
- Friend
- School/Workshop
- Church

Other (please list) _____