CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.
411 Main Street
Fort Morgan, CO 80701
970 867-2142; 970 397-4609
Chta2015@yahoo.com
www.chtainc.org

CHTA Family Group Music Therapy Intake Form

Date: _____

Names and DOB of Participants: _____

_____

_____

Family Address: _____

_____

Best Contact Phone Number: _____

Primary Language Spoken At Home:_____
What music do members of your family enjoy? _____

_____

Please indicate if any of the participants experience the following difficulties (for every "yes" answer, please write the name of the participant).

Sensitive to loud sounds Yes No

If yes, which family member(s) _____

Sensitive to people sitting close to them Yes No

If yes, which family member(s) _____

Emotional difficulties Yes No

If yes, which family member(s) _____

Behavioral difficulties Yes No
(aggression, following directions)

If yes, which family member(s) _____

What is important to you for the therapist to know about your family before starting the group? (this could be a recent celebration, a recent stress, or a goal you hope to achieve in the group)

_____

_____

_____

_____