**CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.**
**411 Main Street**
**Fort Morgan, CO 80701**
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**Chta2015@yahoo.com**
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# CHTA Individual Music Therapy Intake Form

Date: _____

Name and DOB: _____

Address: _____

_____

Best Contact Phone Number: _____

Primary Language Spoken At Home:_____

What music do you enjoy listening to?_____

_____

_____

Do you play any instruments? (If so, what instrument)_____

_____

Do you like to sing/rap/freestyle?_____

Do you like to make beats?_____

Please indicate if you struggle with any of the following:

| | | | |
|---|---|---|---|
| Sensitive to loud sounds | Yes | No | |
| Sensitive to people sitting close to you | Yes | No | |
| Emotional difficulties | Yes | No | |
| Behavioral difficulties (aggression, following directions) | | Yes | No |
| Difficulties remembering the past | Yes | No | |
| Difficulties making friends/being around people | Yes | No | |
| Difficulties focusing on tasks | Yes | No | |

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

_____

_____

_____

_____