



## ***Musical Journeys***

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age of child: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

### **Emergency Contact Information:**

**\*\*AN ADULT MUST BE PRESENT DURING THE APPOINTMENT\*\***

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

Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### **Language skills:**

*Circle all that apply:* sign language    yes/no questions    common object labeling

3-5 word sentences    5-more word sentences

### **Language comments:**

---

---

---

### **Favorite instrument/song:**

---

---

### **Potential Behavioral Challenges:**

---

---

### **Child's Strengths:**

---

---

### **Questions or Concerns:**

---

---

Please complete as much information as possible to ensure the highest quality of care for your child. All information will be considered confidential. Thank you!