



Service Inquiry Form

Thank you for your interest in our music therapy services. To help us tailor our services to your specific needs, please complete the following form. The information provided will assist us in scheduling your sessions and ensuring that our services align with your goals and preferences. After reviewing your responses, we will contact you to discuss further details and formalize the Service Agreement.

This Service Agreement is for the Participant:

- First Name*:
- Surname Name*:
- Date of Birth (D/M/Y)*:
- NDIS Number*:
- Gender*:
- Contact Number*:
- Participant Address*:

Plan Manager/ Support Coordinator Details:

- Name of Person Completing this Form (if different from participant):
 - First Name*:
 - Surname Name*:
 - Contact Details*:

Session Scheduling:

Music Mind Connection Music Therapy Service will endeavor to schedule sessions on the most suitable day and time according to our clients' needs. However, please note that specific requests may not always be accommodated due to traffic conditions, time constraints, clinic occupancy, and other realistic factors.

- Preferred Frequency of Service (weekly, fortnightly, monthly, or as scheduled)*:
- Preferred Location of Service (home visit, school, clinic at Ashmore, community center, telehealth or others)*:
- Preference Date and Time (please include all possible dates and times)*:

Participant's Goals and Needs:

- Primary Diagnoses/ Presenting Challenges*:

- NDIS Goals (as outlined in their NDIS Plan)*:

Additional Information:

- Is the participant currently under medical treatment? (If yes, please provide details)

- Any other relevant information or requests:

Next Steps: After receiving and reviewing this for, we will contact you to discuss session details and formalise the Service Agreement based on your preferences and needs.