

## Music Therapy Group Referral Form

*Please provide as much information as possible. I will contact you as soon as possible to discuss the referral.*

Organization			
Contact Person		Title	
Address			
Phone		Alt. Phone	
E-mail			

Description of the Organization

Description of the Group Membership

Reason for Referral

Potential Goals for Music Therapy Treatment

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Why have you chosen Music Therapy?

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Are there questions you would like answered about music therapy?

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How did you learn about Beth Clark?

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What is the best time to reach you by phone? (or do you prefer e-mail?)

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Mail completed form to:

Beth Clark, MM, MT-BC, NMT  
21626 - 1424 Commercial Drive  
Vancouver, BC V5L 5G3

Or e-mail as an attachment to:

musictherapy.bc@gmail.com