



LIFE IN HARMONY MUSIC THERAPY, LLC
Referral Form for Comprehensive Community Services (CCS)
Submit via email (admin@lihmt.com) or fax (414-377-3353)

CONSUMER INFORMATION

Consumer's Name: [] Date of Birth: [] Service Facilitator/Social Worker: [] County: [] Referral Date: []

Consumer's Address or Primary Address: [] Name(s) of Parent(s)/Guardian(s) at This Address: (if applicable) []

Home/Cell Phone: [] Email: (if applicable) [] Best contact Method(s): [] Phone [] Email [] Text []
Does this individual live at a second location/residence? [] No [] Yes

If yes, please list name(s) and contact information for additional parent(s)/guardian(s) living at the secondary location/residence. (if applicable) []

REASON FOR REFERRAL AND PRESENTING CONCERNS

Medical Diagnosis: []

Areas of Need:

[] Interpersonal Skills [] Communication [] Symptom Management [] Conflict Resolution
[] Assertiveness [] Socialization Skills [] Independence of ADLs [] Music-Based Leisure Skills
[] Other []

Are there additional presenting concerns or additional areas of need? Is there any additional information we should know? (Please attach CCS Service Plan & Assessment)

[]

Any concerns we should be aware of when working with this individual (i.e. history of not keeping appointments, destruction of property, family dynamics, etc.)?

[]

TYPE OF SERVICE, FREQUENCY, AND DURATION

Service Type: Individual Anticipated Session Duration/Frequency: 30 min/week 45 min/EO week
 Small Group (if available) 45 min/week 60 min/EO week
 60 min/week Other/I'm not sure

CONSUMER AVAILABILITY/SCHEDULING INFORMATION

Please select all general windows of availability.

Mondays (9:00 AM - 7:15 PM)

Morning Early Afternoon After-School Early Evening

Tuesdays (9:00 AM - 7:15 PM)

Morning Early Afternoon After-School Early Evening

Wednesdays (9:00 AM - 7:15 PM)

Morning Early Afternoon After-School Early Evening

Thursdays (9:00 AM - 7:15 PM)

Morning Early Afternoon After-School Early Evening

Fridays (9:00 AM - 7:15 PM)

Morning Early Afternoon After-School Early Evening

Saturdays (9:00 AM - 1:00 PM (Currently), Future availability may vary)

Morning Early Afternoon (if available)

Please list any specific information pertaining to scheduling windows noted above (i.e. other programming schedule, times to avoid, transportation, etc.).

LOCATION: Primary site at LIH Clinic - 860 Mill Street N, Suite 2, West Salem, WI 54669

Alternatives available if deemed necessary for medical reasons, transportation issues, physical distance, etc. include the following options:

LIH Clinic Mobile Studio/Songbird Express (if available) Home/Client Residence
 Other

TO SUBMIT:

- 1) Save PDF as "Music Therapy Referral for Initials" (i.e. Music Therapy Referral for AS)
- 2) Attach CCS Service Plan and Assessment
- 3) Email to admin@lihmt.com OR fax to 414-377-3353.

Thank you for utilizing music therapy to address the needs of the individuals you care for and serve!