



The Lotus Tree

The Lotus Tree
Sensory Integration Center
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Music Therapy Questionnaire

Patient's Full Name _____

Who referred you to Music Therapy? _____

Please describe your child's experience with music and/or music therapy:

What are your child's favorite songs, bands and/or styles of music?

What goals would you like your child to work toward in music therapy?

What else would you like me to know about your child?