

**Please enclose check for \$120 & mail referrals to:**

Living Spirit Therapy Services, LLC  
2518 Longview Dr  
New Brighton, MN 55112



## Parkinson's Specific Music Therapy Group Intake Form

**Name:** \_\_\_\_\_  
(Last) (First)

**Location:** Sholom East: 740 Kay Ave, South St. Paul, 55102

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Limits to Communication:**  HOH  Uses Hearing Aids  Wears Glasses  Blind, Glaucoma, or Macular Degeneration  
 Aphasic. Type & Location of Stroke or TBI if Applicable: \_\_\_\_\_

Uses Adaptive Communication Device: \_\_\_\_\_ Other: \_\_\_\_\_

**Physical Limitations:** Needs:  Wheelchair  Walker  Cane  Assist From Staff to Transfer  
 Assist From Staff to Reposition  Impaired Limb Mobility: \_\_\_\_\_

Other: \_\_\_\_\_

**Mental Status:**  Alert  Oriented x \_\_\_\_\_  Confused  Other: \_\_\_\_\_

**Marital Status:**  Married Spouse Name: \_\_\_\_\_  Divorced  Widowed  Single

**Religion:** \_\_\_\_\_ **Cultural Background:** \_\_\_\_\_

**Past Professions:** \_\_\_\_\_

### Reason for Referral

Improve Clarity of Voice  Improve Volume of Voice  Improve Breath Support  Improve Balance

Improve Posture  Improve Strength  Improve Range of Motion  Provide Emotional Support  Enhance Coping

Provide Spiritual Support  Decrease Tension and Rigidity  Enhance Relaxation  Increase Energy

Improve Attention  Improve Quality of Life  Increase Opportunities for Personal Choice

Increase Successful Experiences  Increase Interest/Self Esteem/Self Identity  Decrease Pain/Discomfort

Decrease Mood Problems  Enhance Self Expression  Decrease Isolation  Structure Social Interaction

**Enhance Other Therapies:** (Circle) PT, OT, SLP, and/or Restorative Program

**Therapist(s) Name and Number:** \_\_\_\_\_

**Music Background (if any)**

Vocal \_\_\_\_\_  Played Instrument: \_\_\_\_\_  Dancer

Other: \_\_\_\_\_

\_\_\_\_\_

**Preferred Music**

Hymns  Gospel  Spirituals  Contemporary Christian  Blues  Country/Western  Old Time Popular

Broadway  Classical  Jazz  Bluegrass  Folk/Traditional  R. & B/Soul  Rock  Patriotic

Big Band/Swing  Ethnic \_\_\_\_\_

Popular (Circle):  20s  30s  40s  50's  60's  70's  80's  90's  00's  Current

Other: \_\_\_\_\_

**Favorite Musicians:** \_\_\_\_\_

**Favorite Songs:** \_\_\_\_\_

**Does Not Like:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Please provide any additional requests or information that may be helpful.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Person:**

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Referred By or Heard About Group Through:**

\_\_\_\_\_

**Name**

**Title**

**Date**