



Music therapy consent form

Name of client

Date completed

Please indicate below your consent for the following

	Yes	No
1. For the client to receive a music therapy assessment and then ongoing therapy if deemed appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
2. For the music therapy sessions to be audio recorded for the therapist's personal reflection.	<input type="checkbox"/>	<input type="checkbox"/>
3. For the music therapy sessions to be video recorded for the therapist's personal reflection.	<input type="checkbox"/>	<input type="checkbox"/>
4. For the therapist to talk about the client for training and supervision purposes – the client's name will be changed for privacy.	<input type="checkbox"/>	<input type="checkbox"/>
5. For the therapist to use video footage for training and supervision purposes.	<input type="checkbox"/>	<input type="checkbox"/>

Signed and print name:

Relationship to client:

Parent email: