



COMMUNITY **MUSIC CENTER** OF BOSTON

34 WARREN AVENUE  
BOSTON, MA 02116

T: (617) 482-7494

F: (617) 482-6267

[www.cmcb.org](http://www.cmcb.org)

# MUSIC THERAPY INTAKE REGISTRATION APPLICATION & INFORMATION

Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Why are you seeking music therapy services at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Agency Billing Information**

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**For Office Use Only:**

Intake Fee: \_\_\_\_\_ Date of Intake: \_\_\_\_\_

Start Date: \_\_\_\_\_ Therapist: \_\_\_\_\_

Session Time: \_\_\_\_\_ Day: \_\_\_\_\_ Length: \_\_\_\_\_