

MUSIC MAKES ME HAPPY, Inc.
MEMBER INFORMATION FORM

Name: _____ Birthdate: _____ Phone: _____

Street: _____ City: _____ Zip Code: _____

Is this a Group Home? Yes _____; No _____. If so, name of agency: _____

Name of Group Home Manager: _____

Manager's e-mail: _____; Manager's phone(s): _____

Parents/Guardian: _____

Address: _____

Phones: home: _____ cell: _____ E-mail: _____

Emergency Contacts: 1. Friend or Relative: _____ Phone: _____

2. Physician: _____ Phone: _____

Has the member had previous experience in music? _____ Please describe _____

I. PHYSICAL

1. What is the member's diagnosis? _____

2. What are the member's physical impairments? _____

2. What are the member's physical limitations of movement? _____

4. Is there a history of seizures? _____ If so, explain _____

5. Is the member on medication? _____ If so, identify _____

6. Food allergies and/or restrictions? _____ If so, identify _____

II. EMOTIONAL

1. Are there emotional or behavioral characteristics/issues that you can share with us in order for us to be more responsive to the member? Please explain:

III. VERBAL

1. Are there special communication problems? _____ If so, explain _____

2. Would you suggest any special techniques for communication? Please explain _____

IV. STRENGTHS

1. What are the member's particular strengths and areas of interest? This is very important to us – use back of form.