

Addressograph OR Patient Name/MRN



The Princess Margaret
Cancer Centre

University Health Network

For any inquires, contact: SarahRose Black
Music Therapist
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sarahrose.black@uhn.ca

OUTPATIENT

Music Therapy Referral Form

[Please email completed form to sarahrose.black@uhn.ca **OR** fax to Psychosocial Oncology at 416 946 2047]

Date _____ Diagnosis _____

Cancer Site Group _____ Attending Physician _____

Referred by _____

Patient's preferred method of contact (Phone/email address?)

Reason(s) for referral: Please Check All that Apply

- Patient requests complimentary modality of care
- Patient requests music as part of care plan
- Family/caregivers of patient request music
- Patient experiencing emotional distress
- Bereavement support
- Patient is having difficulty with other treatment modalities
- Patient having difficulty coping (e.g. with treatment)
- Additional symptom management support (e.g. pain/nausea)
- Patient experienced music therapy previously

Other (please specify):

Timeline: When would the patient prefer to have sessions?

- Within the next two weeks
- Within the next month
- No preference

Additional Information: Please provide any further relevant details:

Culturally relevant information: (Languages spoken?) _____

Other: _____
