



Healing Rhythms Music Therapy Veteran Interest Form

Healing Rhythms Music Therapy, LLC * 847 5th Street NW * Rochester, MN 55901 * Phone: 507-236-7793
Email: office@healingrhythmsmt.com Website: www.healingrhythmsmt.com

Name(s): _____
DOB: _____ Gender: _____
County Veteran Service Officer Name: _____
Address: _____ City: _____ Zip: _____
Phone Number: Home _____ Cell _____
Emergency Contact: _____
E-mail: _____

Interest:

- I am curious how music therapy can benefit me as a veteran
- I want to know if music therapy can benefit my spouse and/or children
- I am excited & ready to start services!

Answer the following if applicable:

Branch of service: _____
What is/was your role? _____
Approximate Dates of service: _____

Has the client experienced any of the following in the past?

- | | |
|---|---|
| <input type="checkbox"/> Combat | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Substance Use Disorder / Substance Abuse | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Rehabilitative Care |
| <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Other: _____ | |

Thanks to the DAV Foundation of Minnesota these services are free of charge.

