ELLE FOUNDATION INC.
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CREATING MEMORIES OF JOY FOR CHILDREN WITH CANCER & GRANTING FINAL WISHES FOR CHILDREN BATTLING A RECURRENCE

PHYSICIAN'S FORM

TODAY'S DATE: _____

CHILD'S NAME: _____
(Last) (First)

ADDRESS: _____**City**_____**State**_____**Zip**_____

CHILD'S AGE: _____ CHILD'S DATE OF BIRTH_____

PHYSICIAN'S INFORMATION:

_____ _____
PHYSICIAN'S NAME **PHYSICIAN'S PHONE NUMBER**

_____
HOSPITAL and/or PLACE OF TREATMENT

_____
PHYSICIAN'S MAILING ADDRESS

City_____ **State** _____**Zip Code**_____

CONTACT INFORMATION:

_____ _____
SOCIAL WORKER OR CONTACT AT DOCTOR'S OFFICE **PHONE NUMBER**

_____
CONTACT'S E-MAIL ADDRESS

CHILD'S NAME: _____
(Last) (First)

DIAGNOSIS INFORMATION:

_____ _____
CURRENT DIAGNOSIS **DATE OF RECURRENCE DIAGNOSIS**

Current Treatment – including dates of treatment: _____

_____ _____
FIRST/PREVIOIUS DIAGNOSIS **DATE OF FIRST/PREVIOUS DIAGNOSIS**

_____ _____
DATES OF PREVIOUS TREATMENTS **DATES OF REMISSION**

BASED ON THE CURRENT TREATMENT PLAN IS THE WISH CHILD CLEARED TO TRAVEL:

YES_____ NO_____

ARE THERE ANY TIME CONSIDERATIONS FOR THIS WISH (e.g. surgery or treatment dates)?

_____

_____

_____

Does this child require any special apparatus or accommodations (e.g. wheelchair, sight or hearing impaired seating? _____

Does this child require a nurse to travel with them YES_____ NO_____
If yes please provide a separate letter stating that a nurse is medically necessary on your letterhead.

CHILD'S NAME: _____
(Last) (First)

COMMENTS OR SPECIAL CIRCUMSTANCES INVOLVING THIS WISH: _____

_____

_____

_____

The mission of the ELLE FOUNDATION is to grant final wishes to children with a recurrence of cancer.

IS THE CURRENT DIAGNOSIS LIFE-THREATENING: Y N

IS THE CURRENT RECURRENCE DIAGNOSIS LIFE SHORTENING: Y N

Do you confirm that this child meets the ELLE FOUNDATION'S criteria for a Final Wish? _____
(See Application Requirements and Guidelines)

_____ _____
PHYSICIAN'S SIGNATURE **DATE**

PLEASE ATTACH A BUSINESS CARD FOR THE TREATING PHYSICIAN AND SOCIAL WORKER WITH THIS FORM