



The Wish Connection

Physician's Referral

Wish Child/Applicant's Name: _____

Medical Professional's Name: _____

Hospital/Treatment Facility(if applicable): _____

Office Telephone: _____ Fax: _____

Address: _____ (Street
Address) (City) (State) (Zip Code)

1. Please describe the child's medical diagnosis:

2. Do you consider the child's condition to be a "life threatening" medical condition?

_____ Yes _____ No

If you answered "Yes" to Questions No. 2, please proceed to Question 3.
If you answered "No" please skip Question No. 3 and, proceed to Question No. 4.



3. Please check all the boxes that apply to the child’s medical condition:

- The child’s medical condition indicates a life expectancy of less than 18 months.
- The child’s medical condition will require a medical procedure within the next 12 months that could result in substantially reducing the child’s ability to participate or enjoy his wish.
- The child’s medical condition acutely limits the child’s quality of life at the present time (i.e., the child is not in remission or severely limited in participating in life activities)
- The child’s medical condition is currently in remission.
- The child’s medical condition does not severely limit the child’s life activities at the present time.

If you have answered “Yes” to question 2 and answered question 3, please skip question 4 and proceed to question 6.

4. Do you consider the child’s condition to be “chronically debilitating” meaning in this context that, although **neither** “terminal” nor “life threatening”, the medical condition is considered both (1) permanent and (2) substantially limiting of the child’s major life activities such as (but not limited to) seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, or caring for oneself.

_____ Yes

_____ No

NOTE: If you check “No” to Question No. 4, please explain why the child’s condition is not considered “chronically debilitating”.

5. If you answered “Yes” to Question No. 4, please check all the boxes that apply to the child’s medical condition.

If you checked “No” to Question No. 4, please skip the remaining questions and proceed to the signature line to complete the form.

- The child’s medical condition is one that severely limits the child’s life activities at the present time due to physical impairments. Please explain:



The child's medical condition is one that severely limits the child's life activities at the present time due to profound mental, emotional, or cognitive impairments. Please explain:

6. Is the child medically and physically able to participate in the activities relating to a Wish?

_____ Yes, without medical or physical limitations

_____ Yes, with the following medical or physical limitations or conditions (please specify):

_____ No, not at this time.

7. Do you consider the child's medical condition to be one that would justify an expedited time frame (less than 6 months) for granting the wish? If so, please explain.

8. Are there additional matters that The Wish Connection should be aware of when considering the child's Wish Application? If so, please explain.

Signature of Physician	Printed Name of Physician	Date of Signature