

Lucy's Love Bus Medical Permission Form

Dear **Medical Professional**,

Your patient, _____, has applied for a monetary grant for integrative therapies through our non-profit organization, Lucy's Love Bus (www.LucysLoveBus.org). Prior to providing services to pediatric oncology patients, we require medical permission from the **patient's primary oncologist**.

Please check the therapies that you approve for the above patient. Please make a note of any contraindications.

- Acupuncture or acupressure
- Aromatherapy/essential oils
- Art/Music therapy or lessons
- Chiropractic care
- Craniosacral/myofascial therapy
- Dance
- Fertility preservation
- Gym membership or personal training
- Gymnastics or Cheerleading
- Karate
- Meditation
- Nutritional counseling
- Oncology massage (only from a licensed therapist with oncology certification)
- Massage (from a licensed therapist, may not have oncology experience)
- Reflexology
- Reiki
- Swimming/aquatic therapy
- Tai chi/Qigong
- Therapeutic horseback riding/hippotherapy
- Yoga
- Other: _____
- ALL THERAPIES LISTED**

Please note: All of our partnering practitioners are licensed (when applicable), insured, and pre-screened by our staff.

Oncologist's printed name: _____

Signature _____ Date _____

Please fax to: (857) 277-1807; Questions: (978) 764-4300 or Jackie@LucysLoveBus.org