

Diagnosis Confirmation Form

Do It For The Love brings people living with life-threatening illnesses, children with severe challenges, and wounded veterans to live concerts. Through the healing power of music, our goal is to inspire joy, hope and lasting celebratory memories in the face of severe illness and trauma.

_____ has been nominated for a wish grant and requires a confirmation of diagnosis to participate. Please fill out the information below and return it to the patient or send directly to the organization by email: wishgrant@doitfortheLove.org. More information and eligibility requirements can be found online at: www.doitfortheLove.org/pages/wish-grant.

Patient Name & Age:

Name of Physician/Healthcare Representative Submitting Form:

Physician/Healthcare Representative Phone and/or Email:

Name and license of Physician/Healthcare Representative Submitting Form:

Physician/Healthcare representative's signature

Patient's Diagnosis:

Patient's Diagnosis Stage:

Patient's Diagnosis Status:

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If the patient is over 18, do you consider this to be a life-threatening diagnosis? Y / N

Notes:

If the patient is 18 or younger, do you consider the diagnosis to be a severe challenge to the individual? Y/ N

If yes, please give a detailed explanation as to why the diagnosis is a severe challenge:

Any other notes for us about this patient?

Thank you!

You are helping provide the healing power of music to someone who needs it the most!

If you have any questions, please call us at 1-844-4-THELOV or email
wishgrant@doitfortheLove.org