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
☐ Acupressure
☐ Aromatherapy/essential oils
☐ Art/Music therapy or lessons
☐ Chiropractic care
☐ Craniosacral/myofascial therapy
☐ Fertility preservation
☐ Gym membership or personal training
☐ Meditation
☐ Naturopathy or herbal supplements
☐ 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
☐ Therapeutic horseback riding/hippotherapy
☐ Regular horseback riding lessons at a facility that does NOT have PATH certification
☐ Yoga
☐ 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