

**<<Lead\_ChapterName>>**

<<User\_Street>>

<<User\_City>>, <<User\_StateCode>> <<User\_PostalCode>>

<<User\_Phone>>

FAX: <<User\_Fax>>

**F A C S I M I L E**

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| TO: |  |
| HOSPITAL/  FACILITY: |  |
| PHONE: |  |
| FAX: |  |
|  |  |
| FROM: | <<LeadOwner\_FullName>>, <<LeadOwner\_Title>> |
| DATE: | <<Today>> |
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| PAGE COUNT: | 5 (WITH COVER)  \*If You Do Not Receive All Pages, Please Call <<LeadOwner\_FullName>> at <<LeadOwner\_Phone>> |

**ATTENTION Medical Professionals -**

Your patient has been referred to Make-A-Wish!

Our chapter has recently moved to electronic wish forms due a number of challenges with faxing. Our new electronic forms are better at capturing the pertinent medical information we need to determine eligibility and to keep your patients safe during their wishes.

The new forms are sent in email; however, medical professionals fill them out in our protected, HIPPA-compliant database where we securely store all wish child information. ***Patient information is never shared in email.***

**I am faxing these forms to you at this time but would love to make the transition to paperless for upcoming wish children. Please contact me to discuss this further. I can be reached at <<LeadOwner\_Phone>>,** **or by email, <<LeadOwner\_Email>>.**

Thank you,

<<LeadOwner\_FullName>>

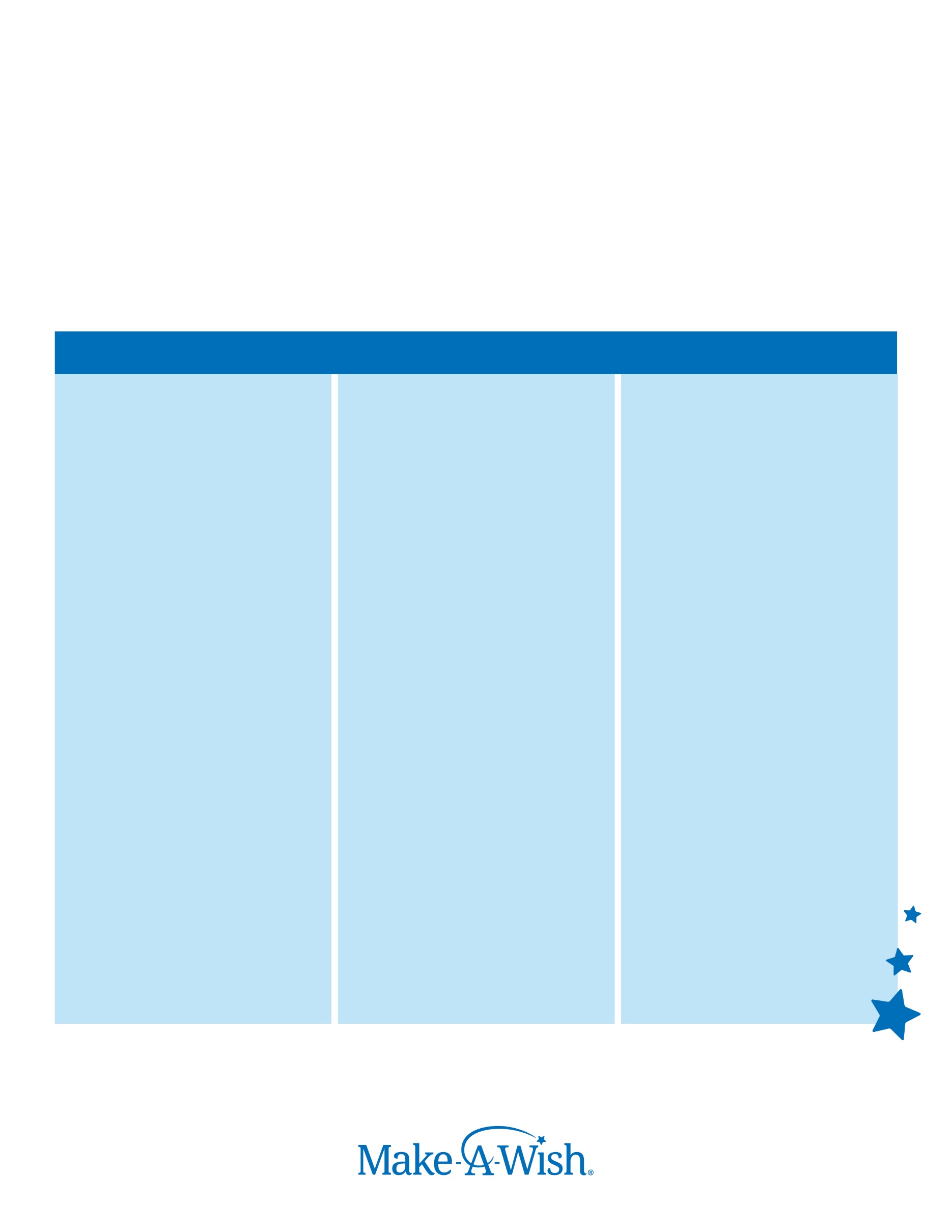
<<LeadOwner\_Title>>

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Last Name:  **DIAGNOSIS VERIFICATION FORM**  <<Lead\_LastName>> | | | | | | First:  <<Lead\_FirstName>> | | | | | | M.I.:  <<Lead\_Child\_Middle\_Initial>> | | DOB:  <<Lead\_DOB>> | |
| Age:  <<Lead\_Child\_Age>> | Gender:  <<Lead\_Gender>>  <<Lead\_Self\_describe\_comment\_box>> | | | Parent Last Name:  <<Lead\_Parent\_Last\_Name>> | | | | | | First:  <<Lead\_Parent\_First\_Name>> | | | | | |
| **Provider Information** | | | | | | | | | | | | | | | |
| Last Name:  <<Lead\_Treating\_Medical\_Professional\_Last\_Name>> | | | | | First:  <<Lead\_Treating\_Medical\_Professional\_First\_Name>> | | | | | Title:  <<Lead\_Medical\_Provider\_Category>> | | | | | |
| Phone #:  <<Lead\_Treating\_Medical\_Professional\_Phone>> | | Email:  <<Lead\_Treating\_Medical\_Professional\_Email>> | | | | | | Treatment Facility:  <<Lead\_Hospital\_Treatment\_Facility\_Treating>> | | | | | | | |
| I am recognized by my state to practice as: | | | \_\_\_ Physician | | | | \_\_\_ Nurse Practitioner | | \_\_\_ Physician Assistant | | \_\_\_ Other (please specify) | | | | |
| I have direct knowledge of this patient’s condition and I am part of the treating healthcare team. | | | | | | | | | | | | | \_\_ Yes | | \_\_ No |
| Is this child in a comatose or vegetative state? | | | | | | | | | | | | | \_\_ Yes | | \_\_ No |
| Please choose the statement that best describes your patient:  \_\_\_\_\_ This child responds to standard treatment, which approximates normal health. (e.g., asthma, diabetes, congenital adrenal hyperplasia)  \_\_\_\_\_ This child has a nonprogressive condition that may have a risk of complications and/or risk of premature death. (e.g., cerebral palsy, hydrocephalus, spina bifida, Arnold-Chiari malformation)  \_\_\_\_\_ This child has a condition for which curative treatment may be feasible but can fail; nonadherence is not included as a treatment failure. (e.g., cancer, bone marrow transplant, hemophilia, Sickle Cell Disease, irreversible organ failure)  \_\_\_\_\_ This child has a condition where a significantly shortened life expectancy is probable, but frequent and/or long periods of intensive treatment may prolong and allow participation in normal activities. (e.g., cystic fibrosis, solid organ transplant, systemic sclerosis)  \_\_\_\_\_ This child has a progressive condition without curative treatment options in which debilitation may extend over many years. (e.g., congestive heart failure, liver failure, neurodegenerative disease, severe treatment-resistant epilepsy, metabolic disease)  \_\_\_\_\_ This child has an irreversible but nonprogressive condition with severe disability and is experiencing multiple health complications that increase the probability for a significantly shortened life expectancy. (e.g., some genetic disorders, severe JRA/JIA, severe cerebral palsy)  \_\_\_\_\_ This child has a condition for which there is no reasonable hope of cure and from which children or young people will ultimately experience a significantly shortened life expectancy. (e.g., Duchenne’s muscular dystrophy, Rett syndrome, Huntington’s disease and other neurodegenerative disease)  \_\_\_\_\_ None of these statements describe my patient. | | | | | | | | | | | | | | | |
| Primary Diagnosis or ICD-10 Code: | | | | | | | | | | | | | | | |

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| Additional Diagnosis or ICD-10 Codes:  **DIAGNOSIS VERIFICATION FORM** | | |
| Do you expect this child's condition will significantly deteriorate in the next three to six months? | \_\_ Yes | \_\_ No |
| You may attach the child’s medical summary, if that is easier.  What are the child’s contributing complications, health conditions and/or level of acuity that are jeopardizing the child’s life?  How many times has this child been hospitalized in the past 12 months, how long was the hospitalization and for what reason were they hospitalized?  What treatments has the child already experienced?  Have there been any treatment failures?  Is this child dependent on medical equipment? If so, please elaborate. | | |

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| Does this child have any conditions affected by air travel (especially the effects of low barometric pressure that causes a 33-percent increase in gas expansion and a low oxygen environment, 16 percent oxygen in a pressurized aircraft cabin at cruising altitude verses 21 percent oxygen at sea level)? Please see attached Air Travel Fact Sheet.  \_\_\_\_\_\_\_\_ I do not know if this child has any of these conditions.  \_\_\_\_\_\_\_\_ Yes, this child has the following conditions (please list): | | |
| Is there a medical reason we would need to expedite the process? | \_\_ Yes | \_\_ No |
| If yes, please explain: | | |
| In order to facilitate communication, please select all that apply to your patient:  \_\_\_\_\_ This child is nonverbal  \_\_\_\_\_ This child is developmentally on target for chronological age.  \_\_\_\_\_ This child functions at 0-2 years old, Sensorimotor stage.  \_\_\_\_\_ This child functions at 2-7 years old, Preoperational stage.  \_\_\_\_\_ This child functions at 7-11 years old, Concrete Operational stage.  \_\_\_\_\_ This child functions at 11+ years old, Formal Operational stage. | | |
| Healthcare Professional Signature: | | |
| Title: | | |

**DIAGNOSIS VERIFICATION FORM**



**Air Travel Postponement**

**Wait until fully recovered to fly if:**

• Admission to hospital for:

– Acute respiratory illness

– Acute heart failure

• Uncontrolled hypertension

• Chest pain or change in medications

• Pneumothorax

• Pleural Effusion

• Internal Cardiac Defibrillator   
(ICD) insertion

• ICD-delivered shock

• Symptomatic anemia

• Major bleeding

• Low sodium or potassium levels

• High calcium level

• Recent

– Stroke

– Sickle cell crisis

– Endoscopy

– Surgery

– Cardiac ablation therapy

– Pacemaker insertion

**Discouraged from Air Travel**

**Individuals with the following conditions are at risk of a medical event in the air or 48 hours after   
their flight:**

• Oxygen requirements 4L/min or  
 greater at sea level

• Vital lung capacity less than 1 L

• FEV1 <50% predicted

• NYHA IV

– Heart failure

– Pulmonary hypertension

– Cyanotic congenital heart disease

• Angina (chest pain) Class IV

• Valvular disease Class IV

• High-grade premature ventricular contractions

• Unstable arrhythmias

• Uncontrolled hypertension

• Portal hypertension

• Portopulmonary hypertension with intrapulmonary shunting

• Esophageal varices or the history of

• Increased intracranial pressure

• Epilepsy with uncontrolled prolonged convulsive seizures lasting greater than five minutes without cessation after abortive seizure medication treatment

• Transient Ischemic Attacks (TIAs) if frequent or crescendo

• Coughing blood

• Infectious tuberculosis

• Infectious diseases of high mortality

• Previous air travel intolerance

• Secondary conditions worsened by  
 low oxygen levels

**Anticipatory Guidance/Careful Consideration**

**Precautionary oxygen is recommended for:**

• NYHA III

* Heart failure
* Pulmonary Hypertension

• Angina/chest pain Class III

• Cyanotic congenital heart disease NYHA I, II & III

• Oxygen dependence at sea level

• Cystic fibrosis with SpO2 falls below 90 percent at sea level

• Long-term oxygen requirements in  
 the past six months

• Muscular dystrophy

• Kyphoscoliosis

**Other Conditions at Risk:**

• Chronic liver disease

• Heptopulmonary syndrome

• End stage liver disease

• Chronic hepatitis

• Lymphangioleiomyomatosis

• Hematology thromboembolic  
 disease (blood clots)

• Neoplasm

• Obesity

• Chronic venous insufficiency

• Chronic heart disease

• Sickle cell disease

• Epilepsy

• Home-skilled nursing services

required

**Airline Specific Requirements for:**

• CPAP

• Ventilator support

• Controlled prescriptions  
• Panic disorder

• Sitting upright

**CURRENT RECOMMENDATIONS FROM EXPERTS IN AVIATION MEDICINE:**

**Overview:**  
The cabin of a commercial aircraft at cruising altitude is not pressurized to sea level. Most are pressurized to 8,000 feet of altitude. This is the equivalent to standing at the top of Mount Olympus. In addition to the stressors of navigating a busy airport terminal, security line, and boarding area, many wish children have specific health concerns affected by air travel. Careful consideration should be given to the effects of low barometric pressure (causing a 33-percent expansion of gas), low oxygen environment (16 percent oxygen in cabin air rather than 21 percent at sea level), low humidity and lack of mobility, and how these conditions will affect the wish child for several hours while in an airplane. The duration of the flight is of significant importance. The longer the flight, the more environmental factors will contribute to the child’s health during and up to 48 hours following the flight.

**Is Your Patient *Safe to Fly?***

**For more in-depth information, please visit md.wish.org.**Resources: https://www.asma.org/publications/medical-publications-for-airline-travel/medical-considerations-for-airline-travel