



Mikey's Way - Patient Wish List

2228 Black Rock Turnpike, Suite 311
Fairfield, CT 06825
203-873-0671

This form must be submitted by a Child Life Specialist or Social Worker at a participating hospital.

Yes, I attest that this patient is a pediatric oncology patient and the information below is accurate.

PLEASE PRINT CLEARLY!

Patient Information

Name: _____ Date: _____

Address: _____ Apt#: _____
(No P.O. Box)

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email address: _____
(We will send tracking information about the gift)

Recipient Age: _____ Recipient Gender: Male Female Other

Parental Signature: _____
(Only needed if required by hospital)

Hospital Information

Hospital Where Being Treated: _____

Child Life/Social Worker: _____ Phone#: _____

Child Life/Social Worker Email: _____

Physician: _____ Physician Phone#: _____

Gift Information

Choose one of the following according to the patient's age:

3 years old and younger:

- Electronic Learning Gift
- Tablet

4 - 7 years old:

- Tablet
- Nintendo 2DSXL

8 years old and older:

- Nintendo 2DSXL
- Switch Lite
- Tablet
- Laptop
- iPod Touch

If choosing a Switch Lite, please list below a game the patient would like with the system:
