

## CHECKLIST FOR SPONSORING SHRINER

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

YES

NO

Does this request fall within our mandate? (i.e. orthopedic, burn)  
**(If NO, DO NOT SUBMIT APPLICATION)**

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\_\_\_\_\_

Has the Referring Doctor Indicated Diagnosis?

\_\_\_\_\_

\_\_\_\_\_

Has the Referring Doctor's Signed the Application?

\_\_\_\_\_

\_\_\_\_\_

Has the Guardian Signed the Application?

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\_\_\_\_\_

Has the Family Provided All Necessary Medical Records?

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\_\_\_\_\_

Is the Family Requesting an Assessment at a Shrine Hospital?

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\_\_\_\_\_

If Yes, (Please Circle) Montreal, Boston or Philadelphia?

If Boston or Philadelphia Have You Provided the Family

With an American Application Form?

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Is the Family Requesting Travel Assistance to the IWK?

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**Requests outside the scope of our mandate will be referred back to the sponsoring Club for consideration.**

**Incomplete Applications, will be returned to the Referring Shriner.**

**PLEASE INCLUDE THIS CHECKLIST WITH THE APPLICATION**