



**mondays**  
at racine  
CANCER CARE FOUNDATION  
mondaysatracine.org



**mondays**  
for men

Mondays at Racine's mission is to increase a sense of control to anyone going through cancer with targeted therapies, services and education designed to improve their overall well-being.

**Mondays at Racine serves women, men, and young adults, going through treatment, for any kind of cancer. All of our services are FREE of charge.**

### services

- Gentle Head Shaving
- Hair Care & Wig Support
- Cosmetics
- Lash Application
- Therapeutic Oncology Skincare
- Therapeutic Oncology Massage & Lymphatic Massage
- Therapeutic Manicures & Pedicures
- Reiki
- Meditation/Breathwork
- Oncology Yoga
- Nutrition Support/Counseling
- Acupuncture

### our services can help...

- Decrease anxiety and increase comfort
- Enhance sleep quality
- Decrease unwanted side effects of treatment
- Reduce recovery time and shorten hospital stays
- Strengthen the immune system and enhance the ability to heal
- Increase sense of control and well-being

### make an appointment...

To be eligible to receive our services please follow these simple steps:

1. Have your oncologist/medical provider sign the attached medical release.
2. Email the signed release to us at: [appointments@mondaysatracine.org](mailto:appointments@mondaysatracine.org)
3. Once we receive your signed medical release, a Mondays Navigator will call to schedule your first appointment.

**888-9MONDAY (888-966-6329)**

### join our private facebook page

Join our private Facebook page exclusively for Mondays clients, Mondays Marvels. A private setting where you can come together to share, ask questions and support one another.

#### Virtual Yoga (via zoom) Wednesday's 4pm

To reserve a spot, contact Maryellen Winter at 631-806-6225 or [Maryellen@mondaysatracine.org](mailto:Maryellen@mondaysatracine.org).

"The women here are so wonderful. It's not just because of the services they've provided, nor is it the wonderful food. They are encouraging, understanding and inspiring. Coming here since my cancer diagnosis has helped me to cope during this difficult time."

— Andrea Franz



### MONDAYS AT RACINE CHARTER PROGRAMS

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|---|---|
| <b>1</b> Mondays at Racine Flagship Program<br>284 W. Main Street,<br>Sayville, NY 11782<br>(631) 224-5240          | <b>2</b> Riviera Hair Restoration & Transplant – Wig Specialists<br>333 Jackson Ave,<br>Syosset, NY 11791<br>516-364-0110 |
| <b>3</b> Salon Be Beauty Spa<br>9 Montauk Hwy<br>Blue Point, NY 11715<br>(631) 363-9101                             | <b>4</b> Katherine Jon Salon<br>4747 Nesconset Highway<br>Port Jefferson Station, NY 11776<br>(631) 474-0747              |
| <b>5</b> MAIA Salon Spa & Wellness<br>725 Route 347<br>Smithtown, NY 11787<br>(631) 257-5535                        | <b>6</b> Sreen Hair & Beauty Boutique<br>478 Main Street<br>Islip, NY 11751<br>631-820-0064                               |
| <b>7</b> JD Thomas & Co.<br>6168A Jericho Tpke<br>Commack, NY 11725<br>(631) 486-4443                               | <b>8</b> Ambiance Salon<br>1344 Broadway #5<br>Hewlett, NY 11557<br>(516) 295-4011  |
| <b>9</b> Long Island Nail Skin & Hair Institute<br>3709 Hempstead Turnpike<br>Levittown, NY 11756<br>(516) 520-4800 | <b>10</b> Wholeness Center<br>7 New Lake Rd.<br>Valley Cottage, NY 10989<br>845-268-7532                                  |
| <b>11</b> Amityville Wellness<br>– Acupuncture & Massage<br>209 Broadway<br>Amityville, NY 11701<br>(631) 691-0200  | <b>12</b> The Welcome Mat Yoga & Wellness<br>560 Main Street suite 3<br>Islip, NY 11751<br>631-446-4318                   |
| <b>13</b> Gypsy Hair Lounge<br>1389 Rt. 25A,<br>East Setauket, NY 11733<br>(631) 374-6397                           | <b>14</b> Om Shanti Yoga Center<br>186 W Main Street, Unit 5<br>Sayville, NY 11782<br>631-317-0737                        |
| <b>15</b> Salt of the Earth<br>426 S Country Road, STE 2<br>Brookhaven, NY 11719<br>631-655-8627                    | <b>16</b> Gallery Wig Studio<br>184 Route 25A<br>Miller Place, NY 11764<br>631-228-4343                                   |
| <b>17</b> Kathleens Hair Boutique<br>122 Deer Park Avenue<br>Babylon, NY 11702<br>631-587-5302                      |   |

284 W Main Street Sayville, NY 11782

1-888-9MONDAY

mondaysatracine.org



# Medical Release Form

## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Patient's E-mail: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

The above patient is seeking medical clearance to receive cancer care services at the Mondays at Racine programs.

These services are offered to help alleviate unwanted side effects of cancer treatments such as insomnia, muscle spasm, dehydration, hair loss, dry, irritated skin, nausea, anxiety and depression. Only qualified operators will administer these services as deemed appropriate.

### SERVICES INCLUDE:

- Gentle Head Shaving
- Hair Care & Wig Support
- Cosmetics
- Lash Application
- Therapeutic Oncology Skincare
- Therapeutic Oncology Massage & Lymphatic Massage
- Therapeutic Manicures & Pedicures
- Reiki
- Meditation/Breathwork
- Oncology Yoga
- Nutrition Support/Counseling
- Acupuncture

**Patient must be undergoing treatment for cancer to participate.**

By completing the form below, you are not assuming any responsibility for our administration of Mondays at Racine services.

If you have any questions about the Mondays at Racine program, please call the program headquarters and speak with Program Director, Ms. Rosemary Berger at 631.807.9132 or email [info@mondaysatracine.org](mailto:info@mondaysatracine.org).

### TO BE COMPLETED BY PHYSICIAN **Please write legibly and choose one.**

- The patient may participate without restrictions.
- The patient may participate with the exception of the following services \_\_\_\_\_.

Patient Diagnosis: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Hospital Affiliation: \_\_\_\_\_

Patient must be undergoing treatment for cancer to participate. If you know of any reason why your patient should not participate, please indicate on this form.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_