SINGAPORE CANCER SOCIETY

PATIENT'S REFERRAL FORM
(TO BE COMPLETED BY DOCTORS ONLY)

I. PATIENT'S INFORMATION

Name as per NRIC		**NRIC / BC No.**	**Citizenship** ☐ Singapore Citizen ☐ PR
Date of Birth **Age**	**Contact Numbers** Home: Mobile:	**Marital Status**	**Gender** ☐ Male ☐ Female
Address of Applicant:			**Singapore:**

Details of Caregiver / Next-of-Kin / Volunteer (if applicable):

Name **Relationship** **Contact No**

Please tick appropriate box:

☐ **Chemotherapy**	☐ **Radiotherapy**
☐ **Laboratory & Investigation Procedures (Pls specify)**	☐ **Others (pls specify):**

Diagnosis	
Data on all previous lines of treatment	☐ 1st Line ☐ 2nd Line ☐ 3rd Line ☐ 4th Line & Beyond

II-A. CHEMOTHERAPY – MEDICAL INFORMATION

☐ Primary ☐ Adjuvant ☐ Palliative Is the patient aware of diagnosis? ☐ Yes ☐ No

Treatment Drug		**Cycle Length**	
Dosage		**Total Number of Cycles**	
Treatment Period	**Months (specify the estimated duration / date for the mentioned number of cycles)**		

Singapore Cancer Society could only subsidize maximum $6,000 per treatment per month.

Is the treatment cost more than $6,000 per treatment per month? ☐ **Yes** ☐ **No**

II-B. RADIOTHERAPY – MEDICAL INFORMATION

Diagnosis	☐ **Primary treatment for non-metastatic patients** ☐ **Re-treatment for local recurrence (with no distant metastases)**

RT Start Date		**Treatment Duration**	

Is the patient covered by Medication Assistance Fund (MAF) / Medifund? ☐ **Yes** ☐ **No**

Is the patient currently assisted by any Home Hospice Provider? ☐ **Yes** ☐ **No**

Singapore Cancer Society has a Home Hospice multidisciplinary team which provides palliative care services, psychosocial & spiritual support for patients and their family. If you would like to refer patient for our home hospice service, kindly complete the "Common Hospice Referral Form" available on http://www.singaporecancersociety.org.sg.

Note:
1) This Referral Form is to be handed to patient upon completion by doctor.
2) Patients to bring this Referral Form to Hospital Medical Social Worker to fill in CTF Application Form and both forms to be submitted to SCS together with copies of supporting documents.

Primary Doctor's Stamp & Signature/Date I confirm that the treatment recommended for support has been proven to have survival benefit. **Doctor's Contact No:**	**Countersigned by Consultant Doctor's Stamp & Signature / Date)** *<if Primary Doctor is a Registrar>* I confirm that the treatment recommended for support has been proven to have survival benefit. **Doctor's Contact No:**

SINGAPORE CANCER SOCIETY

SINGAPORE CANCER SOCIETY – CANCER TREATMENT FUND APPLICATION INFORMATION

1. Cancer Treatment Fund and Welfare Aid administered by Singapore Cancer Society (SCS) are made available by the kind generosity of our donors and benefactors

2. Applicants can approach respective hospitals, Medical Social Workers / Social Workers, or our SCS staff to complete the Application Form together with the Patient's Referral Form that is to be completed by your treating physician. Both forms are available in our SCS website under Welfare Department.

3. **Eligibility for Cancer Treatment Fund**
   i. Must either be a citizen or a permanent resident of Singapore.
   ii. Must be a subsidized cancer patient commencing or undergoing treatment at any of Singapore's restructured hospital.
   iii. Must first use utilize Medisave, Medishield and Medifund to defray the purchase of the approved chemotherapy / radiotherapy / laboratory-investigation procedures where applicable. SCS allows patients and their immediate family members to retain a balance of $10,000 in each of their Medisave account and the balance to be utilized for the approved therapy of patient.
   iv. Patient and immediate household have limited savings.
   v. Must meet the Means Test criteria administered by SCS
   vi. Treatment is recommended by treatment physicians.

4. **Period and Quantum**
   Cancer Treatment Fund will assist up to 6 months, depending on means testing. Subsidy approval of up to 100% of treatment bill size may be approved. No cash will be disbursed to applicants.
   Any extension at the end of the period will be reviewed and re-assessed.

5. **Approval**
   a) All applications and quantum of subsidy and assistance are subjected to the approval of the respective Committee.
   b) Failure to provide accurate information, required documents, or fully complete the form may result in delayed processing and approval or rejection of application.
   c) Submission of this completed application form and required document does not guarantee that application will be approved.
   d) SCS reserves the right not to accept applications if all the required documents have not been submitted, or if the applicant has withheld or given false information.
   e) For Cancer Treatment Fund, SCS will only fund conditions that have proven survival benefit, and drugs that have passed the Health Sciences Authority's approval.

6. Singapore Cancer Society (SCS) Welfare Services aims to keep application processing duration of each application within 14 working days upon receipt of completed application form, required documents and information.

7. Means testing for financial assistance will be carried out according to SCS criteria.

8. SCS reserves the right to amend aspects of the funding agreement whenever it deems necessary.

9. SCS reserves the right to call and/or visit the applicant's residence for financial assessment purposes.