

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

I. PATIENT'S INFORMATION

Name as per NRIC	NRIC / BC No.	Date of Birth:	
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Contact Number:	
		Email Address:	

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

Name	Relationship	Contact No
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Diagnosis/ Clinical Indication (per MOH Cancer Drug List)	(Pls attach relevant medical reports eg. CT scan, PD-1/PD-L1, FISH, EGFR, KRAS, Child-Pugh scoring, PSA, blood tests, MSI, MMR etc.)
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Current Line of Treatment	<input type="checkbox"/> 1st line <input type="checkbox"/> 2nd line <input type="checkbox"/> 3rd line <input type="checkbox"/> 4th line & beyond
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Data on all previous lines of treatment	
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Please tick appropriate box(es) for the type of treatment, and fill in details in the relevant sections below:

<input type="checkbox"/> Chemotherapy/Immunotherapy/Targeted Therapy	<input type="checkbox"/> Radiotherapy
<input type="checkbox"/> Laboratory & Investigation Procedures (eg. CT scans, PET scans, MRI, Blood Tests etc.)	<input type="checkbox"/> Others (pls specify):

II-A. CHEMOTHERAPY – MEDICAL INFORMATION

Primary Neo-Adjuvant Adjuvant Palliative

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

Is the treatment within MOH Cancer Drug List (Subsidized)? (If no, pls provide relevant justifications in separate attachment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the treatment cost more than \$6,000 per treatment per month? (*Singapore Cancer Society can only subsidize maximum \$6,000 per treatment per cycle/month)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has patient been referred to the relevant Patient Access Programme (PAP)? (eg. ARISE, MSD Keytruda, ACCESS360 etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has patient been referred to MSW for Medication Assistance Fund (MAF)/ Medifund assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is patient aware of the diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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II-B. RADIOTHERAPY – MEDICAL INFORMATION

Diagnosis	<input type="checkbox"/> Primary treatment for non-metastatic patients <input type="checkbox"/> Re-treatment for local recurrence (with no distant metastases)
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RT Start Date	Treatment Duration
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II-C. LABORATORY & INVESTIGATION – MEDICAL INFORMATION

Please specify the types of Laboratory & Investigation Procedures	Frequency
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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: Doctor's Email:	Countersigned by Consultant Doctor's Stamp & Signature / Date) <i><if Primary Doctor is a Registrar></i> I confirm that the treatment recommended for support has been proven to have survival benefit. Doctor's Contact No: Doctor's Email:
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SINGAPORE CANCER SOCIETY – CANCER TREATMENT FUND APPLICATION INFORMATION

1. Cancer Treatment Fund 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 Singaporean or a Singapore Permanent Resident of Singapore (there are exceptions for non-residents whose parent, spouse, or child are Singaporeans or Singapore Permanent Resident).
 - 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/or Medifund to defray the purchase of the approved treatment (chemotherapy/radiotherapy/laboratory-investigation procedures), where applicable. SCS allows applicant and their immediate family members to retain a balance of \$10,000 in each of their Medisave account.
 - iv. Applicant and immediate family members living in the same household have limited savings.
 - v. Must meet the Means Test criteria administered by SCS.
 - vi. Treatment is recommended by consulting doctors.
- 4. Period and Quantum**

Cancer Treatment Fund will assist up to 6 months. Approved subsidy is up to 100% or \$6,000/mth whichever is lower of the outstanding cash component of the bill for the approved treatment during the validity period. 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' eligible subsidy and validity period are subjected to the approval of the respective Committee.
 - b) Inaccurate information or incomplete form and documents may result in delayed processing and approval or rejection of application.
 - c) Submission of this completed application form and required documents 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. SCS Welfare Department aims to keep the processing duration of each application within 14 working days upon receipt of completed application form, required documents and information.
7. SCS reserves the right to amend aspects of the funding agreement whenever it deems necessary without notice.
8. SCS reserves the right to call and/or visit the applicant's residence for financial assessment purposes.
9. For enquiries and submission of applications, please email to Welfare Services at the following email address welfare@singaporecancersociety.org.sg
10. Scan the QR code or follow the url below to download a copy of the Singapore Cancer Society Cancer Care Kit.



bit.ly/SCSCCK

Updated on 15 March 2023