

**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	
Please tick appropriate box(es) for the type of treatment, and fill in details in the relevant sections below:			
<input type="checkbox"/> A. Chemotherapy/Immunotherapy/Targeted Therapy		<input type="checkbox"/> B. Radiotherapy	
<input type="checkbox"/> C. Laboratory & Investigation Procedures		<input type="checkbox"/> D. Others	
II-A. CHEMOTHERAPY – MEDICAL INFORMATION			
Treatment Drug		Cycle Length	
Dosage		Total Number of Cycles	
Treatment Period	Months (specify the estimated duration/date for the mentioned number of cycles)		
Chemotherapy type	<input type="checkbox"/> Primary <input type="checkbox"/> Neo-Adjuvant <input type="checkbox"/> Adjuvant <input type="checkbox"/> Palliative		
MOH Cancer Drug List Category	<input type="checkbox"/> On CDL with SDL Subsidy <input type="checkbox"/> On CDL with MAF Subsidy <input type="checkbox"/> On CDL but No Subsidy <input type="checkbox"/> Not on CDL (pls provide additional information in next section below)		
Diagnosis/ Clinical Indication	(Please write or paste the Clinical Indication as per listed on MOH CDL) (Pls attach molecular status report & relevant medical reports eg. CT scan, PD-1/PD-L1, FISH, EGFR, KRAS, Child-Pugh scoring, PSA, blood tests, MSI status, BRAF status, MMR etc.)		
Not on MOH Cancer Drug List	<input type="checkbox"/> HSA Approved <input type="checkbox"/> Non HSA Approved <input type="checkbox"/> US FDA Approved <input type="checkbox"/> Non US FDA Approved <input type="checkbox"/> List Guidelines that support use of this treatment e.g. NCCN, EMA: _____ <input type="checkbox"/> ECOG Performance Status: _____ <input type="checkbox"/> What is the Expected Progression-Free Survival on this Treatment: _____ <input type="checkbox"/> Is the Life Expectancy without Treatment <6 months?: Yes / No (Pls circle accordingly)		
(Please provide Additional information required for treatment not on CDL) (Pls provide clinical evidence for the use of this treatment, and attach the relevant trial data as supplementary material.)			

II-A. CHEMOTHERAPY – MEDICAL INFORMATION (CONTINUED)

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
Data on all previous lines of treatment				
Is the treatment cost more than \$6,000 per treatment per cycle? <small>(*Singapore Cancer Society can only subsidize maximum \$6,000 per treatment per cycle)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has patient been referred to the relevant Patient Access Programme (PAP)? <small>(eg. ARISE, ACCESS360 etc.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has patient been referred to MSW for Medication Assistance Fund Plus (MAF+)/ Medifund assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is patient aware of the diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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) <input type="checkbox"/> Palliative treatment		
Type of Radiotherapy <small>(eg. EBRT, SBRT, IGRT, Brachytherapy, Proton Beam Therapy etc.)</small>			
If applying for Proton Beam Therapy, please justify why standard radiation cannot be offered.			
RT Start Date		Treatment Duration	
RT End Date		No. of Fractions	

II-C. LABORATORY & INVESTIGATION – MEDICAL INFORMATION

Please specify the types of Laboratory & Investigation Procedures (eg. Blood tests, MRI, CT Scan, etc.)		Frequency <small>(eg. 3mthly, 6mthly etc.)</small>	
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II-D. OTHERS – MEDICAL INFORMATION

Please specify the types of Other Procedures (eg. Surgery etc.)		Date of treatment	
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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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Revised version 6/8/2025

Winner of the Charity Governance Award 2023



Singapore Cancer Society

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www.singaporecancersociety.org.sg | welfare@singaporecancersociety.org.sg | 1800-727-3333 (1800-SCS-3333)

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 Get Help-> Apply for Financial Assistance <https://www.singaporecancersociety.org.sg/get-help/cancer-patient/financial-assistance-schemes/apply-for-financial-assistance.html>

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, and who has been residing in Singapore for a continuous period of not less than 5 years).
- ii. Must be a subsidized cancer patient commencing or undergoing treatment at any of Singapore's restructured hospital.
- iii. Must first utilize Medisave, Medishield Life/ Integrated Shield Plan and/or Medication Assistance Fund/ Medication Assistance Fund Plus/ 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 per application. Approved subsidy is up to 100% or \$6,000/cycle 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