



## PFS Patient Support Program 帮助 PFS 患者计划

If you suffer from post-finasteride syndrome and would like to connect with other PFS patients for advice and/or support, please complete this form and email it to [social@pfsfoundation.org](mailto:social@pfsfoundation.org)  
如果您患有后非那雄胺综合症并希望与其他PFS患者联系以寻求建议或支持，请填写此表格并发送至 [social@pfsfoundation.org](mailto:social@pfsfoundation.org)

**1. Name** \_\_\_\_\_

1.姓名\_\_\_\_\_

**2. I am... (select one only):**

我是……（仅选一项）

a PFS patient in need of immediate support/advice from other PFS patients

急需其他患者提供支持或建议的 PFS 患者

a PFS patient who is willing to help others patients if/when need be

愿意在其他患者需要时提供帮助的 PFS 患者

**3. Age** \_\_\_\_\_

3.年龄\_\_\_\_\_

**4. Approximately how long did you take finasteride?**

4.服用非那雄胺的时间

\_\_\_\_\_ years and/or \_\_\_\_\_ months

\_\_\_\_\_ 年 和/或 \_\_\_\_\_ 月

**5. Approximately when did you stop taking finasteride?**

5.停用非那雄胺的时间

(month) \_\_\_\_\_ (year) \_\_\_\_\_

\_\_\_\_\_年\_\_\_\_\_月

**6. Location**

**6.位置**

City and state (if living in the U.S.) \_\_\_\_\_

城市 and 州（居住地为美国）

City and country (if living outside the U.S.) \_\_\_\_\_

城市 and 国家（居住地为其他国家）

## 7. Connection request

### 7.连接请求

If you live in the U.S., we will first search for other PFS patients in your own state. If we have no such patients on file in your state, we will search for other PFS patients in adjacent or closest states. If you live outside the U.S., we will first search for other PFS patients in your own country. If we have no such patients on file in your country, we will search for other PFS patients in adjacent or closest countries.

如果您居住在美国，我们将首先在您所在的州内寻找其他的 PFS 患者。如果您所在的州没有此类患者的存档，我们将在附近的州为您寻找其他 PFS 患者。如果您不住在美国，我们将首先在您所在的国家内寻找 PFS 患者，如果您所在的国家内没有此类患者，我们将在附近国家为您寻找其他 PFS 患者。

For the initial search, I would like to be connected with...

首次寻找，我希望联系到……

\_\_\_\_\_ up to 5 PFS patients

5 名 PFS 患者

\_\_\_\_\_ up to 10 PFS patients

10 名 PFS 患者

\_\_\_\_\_ up to 20 PFS patients

20 名 PFS 患者

\_\_\_\_\_ 21 or more PFS patients

21 名或者更多 PFS 患者

## 8. Contact info

### 联系信息

I wish to be contacted via (select as many as apply)...

联系方式（选择尽可能多的方式）

Email: \_\_\_\_\_ My email address is: \_\_\_\_\_

电子邮件 \_\_\_\_\_ 电子邮箱 \_\_\_\_\_

Telephone: \_\_\_\_\_ My phone number is: \_\_\_\_\_

电话 \_\_\_\_\_ 电话号码 \_\_\_\_\_

Skype: \_\_\_\_\_ My Skype address is: \_\_\_\_\_

Skype \_\_\_\_\_ Skype 号 \_\_\_\_\_

9. Date (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

9.日期 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

## CONFIDENTIALITY

### 信息保密

I understand that, upon submitting this form to the PFS Foundation, I agree to allow the foundation to distribute the information contained herein to other PFS patients as directed above. The foundation will not publish or otherwise disseminate any personally identifiable information without my written consent.

将此表格提交至后非那雄胺基金会后，我允许基金会按照上述指示向其他 PFS 患者提供以上信息。未经我的书面同意，基金会不会公布或者传播任何个人身份信息。

\_\_\_\_\_  
Signature of PFS patient

\_\_\_\_\_  
PFS 患者签名

If you have any questions, please contact:

如果您有任何问题，请联系

Philip Roberts

Patient Manager

PFS Foundation

[proberts@pfsfoundation.org](mailto:proberts@pfsfoundation.org)

(856)425-6046

菲利普·罗伯茨

患者经理

PFS 基金会

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