



## PFS Suicide Support Program 帮助已自杀 PFS 患者计划

If a loved one who suffered from post-finasteride syndrome took his own life and you would like to connect with family members of other PFS patients who took their own lives, please complete this form and email it to [social@pfsfoundation.org](mailto:social@pfsfoundation.org)

如果您所爱之人患有后非那雄胺综合症而自杀，并且你想与其他已自杀PFS患者的家属取得联系，请填写此表格并发送至 [social@pfsfoundation.org](mailto:social@pfsfoundation.org)

**1. My name** \_\_\_\_\_

1. 我的姓名 \_\_\_\_\_

**2. Name of PFS patient who took his own life** \_\_\_\_\_

2. 已自杀的 PFS 患者姓名 \_\_\_\_\_

**3. Approximate date of suicide** \_\_\_\_\_

3. 自杀时间 \_\_\_\_\_

**4. My relationship to PFS patient who took his own life**

4. 与已自杀 PFS 患者的关系

\_\_\_\_ spouse \_\_\_\_ 配偶

\_\_\_\_ parent \_\_\_\_ 父母

\_\_\_\_ child \_\_\_\_ 子女

\_\_\_\_ sibling \_\_\_\_ 兄弟姐妹

\_\_\_\_ significant other \_\_\_\_ 其他重要的人

\_\_\_\_ other (please specify) \_\_\_\_\_

其他（请具体说明） \_\_\_\_\_

**5. My location**

**5. 我的位置**

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

所在的州及城市（居住地为美国） \_\_\_\_\_

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

所在的国家及城市（居住地为其他国家） \_\_\_\_\_

**6. Location of PFS patient who took his own life**

**6. 已自杀 PFS 患者的位置**

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

所在的州及城市（居住地为美国） \_\_\_\_\_

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

所在的国家及城市（居住地为其他国家） \_\_\_\_\_

## 7. 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 \_\_\_\_\_

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

8. 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 immediate relatives of PFS patients who have taken their own lives, 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将此表格中所包含的信息发给已自杀 PFS 患者的其他直系亲属。未经我的书面同意, 基金会不会公布或传播任何个人身份信息。

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Signature

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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**

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

(856)425-6046