



Hong Kong Arthritis & Rheumatism Foundation (HKARF)
Patient Support Fund / Expensive Drug Support Scheme
Doctor / Therapist's Recommendation

To be completed by the doctor-in-charge / therapist-in-charge

Name of the Patient: _____

HKID No.: _____

Age: _____

or place a sticker with particulars of
patient here

Has the patient been referred to Samaritan Fund?

- Yes: The patient is not entitled to apply for Patient's Support Fund / Expensive Drug Support Scheme.**
 No: Please indicate which of the following scheme the patient is going to apply for.

1. **Expensive Drug Support Scheme** (Only restricted to the below medications)

- | | |
|---|---|
| <input type="checkbox"/> Infliximab (Remicade®) | <input type="checkbox"/> Etanercept (Enbrel®) |
| <input type="checkbox"/> Adalimumab (Humira®) | <input type="checkbox"/> Golimumab (Simponi®) |
| <input type="checkbox"/> Tofacitinib (Xeljanz®) | <input type="checkbox"/> Certolizumab (Cimzia®) |

OR

2. **Patient Support Fund**

- Drugs Rehabilitation Aids Home Modifications

I certify that the drugs/ rehabilitation aids/ home modifications below can improve the health / quality of life of the patient concerned but the patient has to bear the expenses. Thus I refer him/her to Hong Kong Arthritis & Rheumatism Foundation to get the support.

1. Diagnosis: _____

2. Drugs/ rehabilitation aids/ home modifications required:

3. Other remarks: _____

4. Whether patient has been recruited into clinical studies related to the medications? Yes No

Name of referring doctor / therapist: _____ Post: _____

Department of: _____ Hospital: _____

Signature: _____ Date: _____

If the referring doctor is a non-specialist resident, this application form should be countersigned by a specialist doctor

Name of specialist: _____ Post: _____

Department of: _____ Hospital: _____

Signature: _____ Date: _____