PSF/EDSS 1 (20241217)

南偉樓地下 103-106 室



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

To be completed by the doctor-in-charge / therapist-in-charge Name of the Patient: or place a sticker with particulars of HKID No.: patient here Age: 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. ☐ **Expensive Drug Support Scheme** (Only restricted to the below medications) ☐ Upadacitinib (RINVOQ®) ☐ Etanercept (Enbrel®) ☐ Adalimumab (Humira®) ☐ Golimumab (Simponi®) ☐ Tofacitinib (Xeljanz®) ☐ Certolizumab (Cimzia®) ☐ Ixekizumab (Taltz®) OR 2. ☐ Patient Support Fund ☐ Rehabilitation Aids ☐ Home Modifications □ Drugs 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: Other remarks: 3. 4. Whether patient has been recruited into clinical studies related to the medications? □ Yes \square No Name of referring doctor / therapist / rheumatology nurse: Post: Department of: Hospital: Fax No.: Email: Signature: Date: If the referring doctor is a non-specialist resident, this application form should be countersigned by a specialist rheumatology doctor / specialist rheumatology nurse Name of specialist: Post: Department of: Hospital: Fax No.: Email: Signature: Date: Secretariat 電話 Tel: (852) 2346 6336 九龍深水埗南山邨 Flat 103-106. Nam Wai house 傳直 Fax: (852) 2346 6136

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