PSF/EDSS 1 (20250415)			香港風濕病基 Hong Kong Arthritis & Rheumatism Foundatio	
Hong	Kong Arthritis & Rheumatism F	oundation (Hk	XARF)	
Patie	nt Support Fund / Expensive Dru	ug Support Scl	heme	
Doctor	/ Therapist's / Rheumatology Nu	irse Recomme	ndation	
To be completed by the doctor-in-cha	rge / therapist-in-charge			
Name of the Patient:				
HKID No.:		or place a sticker with particulars of		
Age:		pa	tient here	
Has the patient been referred to Sa	maritan Fund?			
\Box Yes: The patient is not entitled to	apply for Patient's Support F	und / Expensi	ve Drug Support Scheme.	
\Box No: Please indicate which of the	following schemes the patient i	s going to app	bly for.	
1. 🗆 Expensive Drug Support Section 2015	cheme (Only restricted to the me	dications belo	w)	
□ Upadacitinib (RINVOQ®)	(®)			
□ Adalimumab (Humira®)	(After 14 May 2025 for renewal cases only)			
□ Certolizumab (Cimzia®)				
□ Ixekizumab (Taltz®)				
2.				
	□ Rehabilitation Aids	□ Home	Modifications	
I certify that the drugs/ rehabilitatio patient concerned but the patient Rheumatism Foundation to get the su	has to bear the expenses. Th	•		
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? \Box Yes \Box No				
Name of referring doctor / therapist /				
rheumatology nurse:		Post:		
Department of:		Hospital:		
Fax No.:		Email:		
Signature:		Date:		
If the referring doctor is a non-spec rheumatology doctor / specialist rh	cialist resident, this application eumatology nurse	form should	be countersigned by a spec	ialist
Name of specialist:		Post:		
Department of:		Hospital:		
Fax No.:		Email:		
Signature:		Date:		
書處 九龍深水埗南山邨 南偉樓地下 103-106 室	Secretariat Flat 103-106, Nam Wai house Nam Shan Estate, Sham Shui Po, Kowloon	電話 傳真 電郵 網站	Tel: (852) 2346 6336 Fax: (852) 2346 6136 Email: mail@hkarf.org Website:http://www.hkarf.org	