Alberta Government

Breast Prosthesis Fitting/Declaration Form

Alberta Aids to Daily Living (AADL) Program

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act* (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of obtaining an AADL benefit. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at 10th Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Telephone: 780-427-0731, Fax: 780-422-0968.

Return this form to: AADL, 10th Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Fax: 780-422-0968.

CLIENT INFORMATION		
Name (last, first)	Date of birth(dd,mm,yr)	Personal Health Number

To be completed by the vendor during client's initial appointment.

Date _____ Is this a prescheduled appointment? _____

Fitting for: Right _____Left _____Bilateral _____

1) How many weeks post –op is the client? _____

2) Is the client experiencing the following (yes or no):

Tenderness _____ (if yes, do not proceed with the fitting and refer the client to her physician)

Swelling at the incision site_____ If yes, has the swelling been investigated_____

If no, refer the client to her physician.

If yes, client must acknowledge that the swelling has reduced and initial ____.

3) Have you informed the client of the AADL cost share? _____

4) Have you offered the client a choice of product at benchmark or below? if no, explain why:

_____

5) Have you and the client discussed adding the prosthesis to their homeowner's insurance? _____

Vendor name and number _____

Date (dd,mm,yr)_____

Fitter's name_____ Signature*_____

*****_*your signature is verification that the fitting, gathering of client information and provision of a prosthetic is in accordance with AADL policy.*_

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To be completed by the client once the prosthesis has been chosen.

Instructions:

I, _____, acknowledge that I am satisfied with and agree to the product provided to me by my service provider.

Description of breast prosthesis_____

Date_____

Client signature_____

Please sign this portion of the document ONLY when you have received the prosthesis.

I, _____, acknowledge that I have received the breast prosthesis.

Date_____

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