

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 10<sup>th</sup> Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Telephone: 780-427-0731, Fax: 780-422-0968.

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

<b>Section 1: Personal Information</b>				
Personal Health Number (PHN)				
Name (Last, First, Initial)		Date of Birth (MM,DD,YR)		Phone Number
Mailing Address		City/Town/Village		Postal Code
<p><b>Client Assessment</b> AADL provides funding for eligible clients with a CEAP of C<sub>4</sub>-C<sub>5</sub> and/or chronic lymphedema. Mark below as appropriate.</p> <p><input type="checkbox"/> C<sub>4a</sub>-Pigmentation (hemosiderin staining) and/or venous eczema (stasis dermatitis) Right Leg _____ Left Leg _____</p> <p><input type="checkbox"/> C<sub>4b</sub>-Lipodermatosclerosis or atrophic blanche</p> <p><input type="checkbox"/> C<sub>5</sub>-Skin changes as defined above with healed venous ulcer Note: Clients with active ulceration do not meet AADL criteria</p> <p><input type="checkbox"/> C<sub>8</sub>-Chronic Lymphedema. Note: A medical prescription is required for lymphedema authorizations. Individuals assessed by Certified Lymphedema Therapists or Specialty Assessors will not require a prescription.</p> <p>Ankle Brachial Pressure Index – ABPI: <b>acceptable range is between 0.8 and 1.3.</b> (ABPI) Right Leg _____ Left Leg _____</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• If ABPIs do not fall within the stated range, TBPIs or PPGs are required.</li> <li>• TBPIs or PPGs are accepted <b>ONLY</b> when the authorizer has acknowledged that an advanced assessment (e.g., visual assessment, client history, troubleshooting, consulting with another assessor if warranted) has been completed.</li> <li>• All diabetics need to have a TBPI or PPG done when ABPI is below 1.0 or above 1.3.</li> <li>• If the Client's ranges are not within the values as stated on this form, a prescription from a vascular surgeon, physician/physician/nurse practitioner with expertise in lower leg assessment must accompany this form.</li> </ul>				
<b>Toe Brachial Pressure - TBPI</b> (0.7 or greater)		<b>Toe Pressures - PPG</b> (50mmHg or greater)		
Right Toe _____ Left Toe _____		Right Leg _____ Left Leg _____		
Advanced Assessment <input type="checkbox"/> (required when ABPIs not taken)		Advanced Assessment <input type="checkbox"/> (required when ABPIs not taken)		
<b>Additional Information</b>				
_____				
_____				
Authorizer Number	Authorizer Name	Phone Number	Fax Number	Date