

AADL Vendor Fitting Form

Client's Name (Last)		(First)		Personal Health Number (PHN)	
Date of Fitting Year Month Day	Time of Fitting	Initial fitting time: _____ 2 nd fitting time: _____ If no fitting put N/A	Initial Fitting? If no, which fitting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Other: _____		
Length of Stocking Authorized: <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> pantyhose <input type="checkbox"/> thigh with waist attachment	Pressure Authorized: <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-60 mmHg <input type="checkbox"/> 50-60 mmHg	<input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe Shoe Size:	Special Instructions from Doctor, Authorizer, Fitter? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate what is requested (i.e. brand, silver, cotton, rubber):		
Fitters may use the chart below, or utilize a fitting chart from a recognized stocking manufacturer (manufacturer's fitting chart must be attached to this sheet)					
<p>*Both legs need to be measured</p>			<p>Measuring Tips:</p> <ul style="list-style-type: none"> • Always measure on bare skin • Pull tape firmly without constriction • Measurements should be taken from distal to proximal (from the ground up) • Calf measurement should be at the fullest part of the calf. • Thigh measurement should be at the fullest part of the thigh. <p>Fitter's Comments:</p>		
Edema present? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop fitting and contact the authorizer, refer client back to authorizer for further clinical investigation. If yes, slight or mild, vendor to elevate legs and if resolved, measure; if not, contact authorizer					
Stockings tried (i.e. brand):					
Ability to don and doff stocking? <input type="checkbox"/> Yes <input type="checkbox"/> No, indicate rationale below and have client initial:					Initials
Trial of stocking aid: <input type="checkbox"/> Yes, what type? <input type="checkbox"/> No, explain rationale:					
Is client aware of the necessity of stocking aids (i.e. gloves)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is client aware they are financially responsible to replace stockings from misuse, loss or theft? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Brand of stocking client was fitted with:					
AADL Authorization Number		Client's Signature		Fitter's Name	

The personal information provided on this form is collected under the authority of the *Alberta Aids to Daily Living and Extended Health Benefits Regulation* and the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be managed in accordance with the *FOIP Act*. The information will be used for the purpose of administering the Alberta Aids to Daily Living Program. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program, Health Related Supports, Alberta Seniors and Community Supports, 10th Floor, Milner Building, 10040 – 104 Street, Edmonton, Alberta, T5J 0Z2. Telephone (toll-free in Alberta): 310-0000, then 780-427-0731 when prompted or 780-427-0731; Fax: 780-422-0968.