

Protected A (when completed)

Alberta Aids to Daily Living Program

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To confirm client eligibility for assistance from Alberta Aids to Daily Living (AADL), please ensure this form is completed and attached to the client's authorization (1250) form.

All sections and questions must be completed.

Authorization Information	Client Information
1250 Form Number: _____	Client Weight: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kgs
Client Information (Check all that apply)	
<input type="checkbox"/> Spinal Cord injury, level _____	<input type="checkbox"/> Cognitive impairment/poor insight
<input type="checkbox"/> CVA related hemiplegia	<input type="checkbox"/> Neck/trunk hypotonia
<input type="checkbox"/> Impaired coordination	<input type="checkbox"/> Impaired dynamic sitting balance/inability to weight shift
Factor(s) to support recline feature:	<input type="checkbox"/> Need to improve field of vision
	<input type="checkbox"/> Compromised respiratory system
	<input type="checkbox"/> Inability to sit upright for more than 20 minutes
	<input type="checkbox"/> Kyphosis
	<input type="checkbox"/> ROM restrictions at hip
	<input type="checkbox"/> Spasticity
Care Team: <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> RN/Nurse Continence Advisor	
Client Environment	
Tub accommodates bathlift? <input type="checkbox"/> Y <input type="checkbox"/> N	Bathlift trialled in home? <input type="checkbox"/> Y <input type="checkbox"/> N
Able to or has assistance to clean bathlift? <input type="checkbox"/> Y <input type="checkbox"/> N	Shower head in place in bathroom? <input type="checkbox"/> Y <input type="checkbox"/> N
Able to or has assistance to remove bathlift from tub? <input type="checkbox"/> Y <input type="checkbox"/> N	
Assessment Summary	
Bathub/shower transfer assessment completed using the following aids:	
<input type="checkbox"/> Transfer bath board	<input type="checkbox"/> Bath chair with/without back
<input type="checkbox"/> Bathchair with Perineal Cut	<input type="checkbox"/> Tub Safety Rail
<input type="checkbox"/> Transfer Tub Bench	
<u>MUST BE COMPLETED</u> - Client has difficulties with transfers to tub/shower, describe:	

<input type="checkbox"/> Client unable to perform bathing tasks while maintaining sitting balance.	
<input type="checkbox"/> Client requires equipment to enable bathing/showering as the shower/tub cannot accommodate a hand-held shower.	
Recommendations	
<input type="checkbox"/> Bathlift is essential equipment required by client for hygiene; client is unable to manage hygiene using a bath chair/bench. Inability to manage with bath chair/bench explained above. <i>*This must be checked-off for the client to be eligible for a bathlift</i>	
<input type="checkbox"/> Recline feature requested. <i>*Optional – Ensure appropriate client factors indicated above</i>	
_____	YYYY-MM-DD
Assessor Signature	Assessor Name
	Date