

Protected A (when completed)

Alberta Aids to Daily Living 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 determining eligibility to become an AADL Authorizer. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3. Telephone: 780-427-0731, Fax: 780-422-0968.

Client Name

Date

PHN

Authorization Number

This questionnaire MUST be completed prior to determining eligibility for custom made footwear and/or completing on-line authorization.

1. Does the client have over sized feet or under sized feet? Yes No

If yes, do not proceed, as client's needs can be met with off-the-shelf footwear.

2. Does the client have split sized feet or a pre-op or post-op need? Yes No

If yes, do not proceed, as client's needs can be met with off-the-shelf footwear.

3. Does the client have edema? Yes No

If yes, has the edema been:

- a) Investigated? If no, refer back to their physician.
b) Reduced & stabilized? If no, refer the client back to their physician.
c) Have other measures been tried to control the edema, such as compression stockings?

If no, please explain why not:

Four horizontal lines for text entry.

4. Has the client tried therapeutic shoes or off-the-shelf footwear? Yes No

If no, do NOT Proceed

5. Where and when did this trial of therapeutic shoes and/or off-the-shelf footwear occur?

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Comments and/or recommendations:

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6. Has the client tried the off-the-shelf foot orthotics? Yes    No

**If yes, state outcome**

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7. Has the client tried custom made foot orthotics? Yes    No

**If yes, state outcome & name of facility that fabricated the orthotics:**

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8. Does the client have significant bony deformity or stabilized gross chronic Lymphedema of the foot that prevents the client from wearing a modified therapeutic shoe with rocker soles, tongue padding, flares and/or stretching that results in a functional footwear fitting? Yes    No

9. If no, will Custom Made Footwear enable the client to ambulate? Yes    No

Additional comments:

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*AADL does **not** provide custom made footwear for non-ambulatory clients and / or for assisting in pivot or standing transfers or for edema management.*

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Specialty Supplier's Signature

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Date

\_\_\_\_\_  
Facility Name