

Protected A (when completed)

Alberta Aids to Daily Living Program

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To be completed by the healthcare professional who is requesting ventilator funding.

1. Client Name (Last, First): _____
2. PHN: _____ Birthdate (yyyy/mm/dd): ____/____/____
3. Address: _____
City: _____ Postal Code: _____
4. Phone: (Home) _____ (Other) _____
5. Current Location of the Client: Same as Above Other:

6. Tentative Date of Discharge (if client is in the hospital) (yyyy/mm/dd): _____
7. Pertinent Contact Information (if client's age is less than 18 or if appropriate):
Name of Contact (Last, First): _____
Relationship to Client: Parent Sibling Spouse Other _____
Contact Phone: _____
8. Diagnosis: _____
9. Number of Ventilators Requested: One Two
10. Preferred Ventilator Model: _____ (Subject to Availability)
11. Request for Ventilator: Start/Set-up Addition
12. Ventilator Primary Settings:
Mode _____ V_T(ml) _____ Rate _____ Sensitivity _____
Ti (sec) _____ PEEP _____ O₂ (lpm) _____ IPAP _____ EPAP _____
Rise _____ Pressure Support _____ Pressure Control _____ Other _____

Client Name (Last, First): _____ PHN: _____

Ventilator Secondary Settings:

Mode _____ V_T(ml) _____ Rate _____ Sensitivity _____

Ti (sec) _____ PEEP _____ O₂ (lpm) _____ IPAP _____ EPAP _____

Rise _____ Pressure Support _____ Pressure Control _____ Other _____

13. Mode of Interface: Tracheostomy Mouthpiece Mask/Nasal Pillows

14. Is client already on BPAP? Yes No

If already on BPAP, number of current BPAP units? One Two

15. BPAP Settings: Updated Current

Mode: _____ IPAP _____ EPAP _____ Back up Rate _____

Ti (sec): _____ O₂ (lpm) _____

16. Discontinue BPAP therapy? Yes No

If using 2 BPAPs, discontinue Both units Only one unit

Reason for continued BPAP therapy: _____

17. Comments: _____

18. Prescribing Physician (Last, First): _____

Phone#: _____ Fax#: _____

Signature: _____ Dated (yyyy/mm/dd): _____

19. Submitted by (Last, First Name): _____

From (Facility): _____

Phone: _____ Fax: _____

Please enter authorization and upload information on the Alberta Blue Cross online Health Portal.