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Alberta Aids to Daily Living (AADL)

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 Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731; Fax 780-422-0968 or toll-free in Alberta by dialing 310-000, then 780-427-0731 when prompted.

Note: Prior approval from the program manager is required when authorizing both catheters and diaper products.

Section 1: Client Information

Client's Name: (Last)	(First)	Personal Health Care Number	Authorization Form #:
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Section 2: For clients (adult and pediatric*) with daily, unresolvable, urinary or bowel incontinence.

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| <input type="checkbox"/> Condition is not amenable to improvement by surgery, application of any device or client is unfit for any such procedure.

<input type="checkbox"/> Assessment has been completed by specialist incontinence practitioner**. Documentation of assessment by a specialist does not need to be submitted to AADL but needs to be retained by the Authorizer and produced if requested. | <input type="checkbox"/> Lifestyle modification strategies*** have been tried for a minimum of three months | <input type="checkbox"/> Pediatric client has low functioning, either cognitively or developmentally and will not achieve continence (including those children who will not train in the next year). |
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Section 3: For clients (adult and pediatric) with daily, unresolvable urinary or bowel incontinence that have a diagnosed congenital anomaly, or physiological abnormality including lack of bladder innervation that prevents the ability to achieve continence. These clients do not need to meet requirements under section 2.

Diagnosis:

Section 4: Clients with end of life diagnosis (life expectancy of no longer than six months). These clients do not need to meet requirements under section 2.

- Palliative

Note- Client will be authorized for benefits for a maximum of six months.

Section 5: Authorizer Information:

By signing this form the authorizer is indicating all appropriate interventions and strategies including physician or specialist assessment have occurred prior to submitting the form.

NOTE: Authorize clients for the quantities that reflect actual usage and not product maximums UNLESS you can provide rationale for doing so.

Authorizer Number _____ **Signature** _____ **Date:** _____

***Pediatric clients:** Clients from 4 to 17 years of age.

****Specialist Incontinence Practitioner:** Urologist, gynecologist, geriatrician, gastroenterologist, proctologist, pediatrician, nurse continence advisor or nurse practitioner.

*****Lifestyle Modification Strategies:** These modifications include bladder training (including timed toilet training), pelvic muscle exercises, diet and exercise, weight loss, ensuring appropriate and timely fluid intake and use of medications, and any other behavioral modifications.