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Alberta Aids to Daily Living (AADL) 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 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.

CLIENT'S GENERAL INFORMATION					
Personal Health Number (PHN):	First Name:		Last Name:		
Address:	City/Town:		Residential Code: <input type="checkbox"/> Private Lodge <input type="checkbox"/> Group Home Supportive Living <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Phone Number:	Postal Code:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate: YYYY/MM/DD		
VENDOR INFORMATION					
Pharmacist Name:		Vendor Number:	Fax Number:		
PLEASE answer each question				YES	NO
Client declaration form has been completed and retained on the client's file					
AADL's cost sharing has been explained to the client					
The client requires at least daily IM or Subcutaneous injections					
Client requires M 403 (½ cc or 1 cc syringe) @ 500 every two months*					
Client requires M 415 (3 cc syringe) @ 500 every two months*					
Client is palliative (approval will be for 6 months)					
Client is long term (i.e., chronic pain management) - approval will be for 12 months					

- ***NOTE: Combinations may be permitted- total not to exceed maximum 500 for 2 months**

Please indicate start date and list the medication and frequency the client requires.

Pharmacist's Signature

Date