

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the *Health Information Act* and sections 33, 34, 39 and 40 of the *Freedom of Information and Protection of Privacy Act (FOIP)* for the purpose of providing and determining eligibility for health benefits under the *Alberta Aids to Daily Living and Extended Health Benefits Regulation*. If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, 13th Floor, TELUS House, 10020 100 Street NW, Edmonton, Alberta T5J 0N3 Telephone: 780-427-0731 Fax: 780-422-0968.

This request needs to be uploaded to the Alberta Blue Cross Online Health Portal for funding to be considered.

1. Client's Name (Last, First) _____

PHN _____ Date of Birth (yyyy-mm-dd) ____ - ____ - ____

Address _____

City _____ Postal Code _____ Telephone Number _____

2. Respiratory Assessor (Last, First Name)

Designation: RRT Other _____ Facility Name _____

Phone _____ Fax _____

3. Is client's BPAP usage equal to or greater than 16 hours per day? Yes No
If no, client is not eligible for a second BPAP.

4. Reason for requesting an additional BPAP

5. Current Diagnosis:

6. Prescribed BPAP Settings

Mode S SIT PC AVAPS iVAPS No substitutions

IPAP min _____ IPAP max _____ EPAP _____ Rate _____ Rise _____ Ti _____ Vt _____ Ramp _____ O₂ _____

Height (if prescribing iVAPS): _____ Other: _____

—

Prescribing Physician Name (Last, First) _____

7. Phone _____ Fax _____

Date (yyyy-mm-dd) _____ Signature _____

8. Comments

