



# AADL Assessment Summary Bath Lift Benefit

Protected A (when completed)

Alberta Aids to Daily Living Program

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To confirm client eligibility for assistance from Alberta Aids to Daily Living (AADL), please ensure this form is completed and uploaded with authorization on Alberta Blue Cross open health portal.

**All sections and questions must be completed.**

Authorization Information		
Client Name:	Client Weight: _____	<input type="checkbox"/> lbs. <input type="checkbox"/> kgs.
Client Information (Check all that apply)		
<input type="checkbox"/> Spinal cord injury, level	<input type="checkbox"/> Cognitive impairment/poor insight	<input type="checkbox"/> Joint instability
<input type="checkbox"/> CVA related hemiplegia	<input type="checkbox"/> Neck/trunk hypotonia	<input type="checkbox"/> Upper extremity impairment
<input type="checkbox"/> Impaired coordination	<input type="checkbox"/> Impaired dynamic sitting balance/inability to weight shift	
Factor(s) to support recline feature:	<input type="checkbox"/> Need to improve field of vision	<input type="checkbox"/> Kyphosis
	<input type="checkbox"/> Compromised respiratory system	<input type="checkbox"/> Range of motion restrictions at hip
	<input type="checkbox"/> Inability to sit upright for more than 20 minutes	<input type="checkbox"/> Spasticity
Care Team: <input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> RN/Nurse Continence Advisor
Client Environment		
Tub accommodates bath lift?    Y    N	Bath lift tried in home?    Y    N	
Able to or has assistance to clean bath lift?    Y    N	Shower head in place in bathroom?    Y    N	
Able to or has assistance to remove bath lift from tub?    Y    N		
Assessment Summary		
Bathtub/shower transfer assessment completed using the following aids:		
<input type="checkbox"/> Transfer bath board	<input type="checkbox"/> Bath chair with/without back	<input type="checkbox"/> Transfer tub bench
<input type="checkbox"/> Bath chair with perineal cut	<input type="checkbox"/> Tub safety rail	
<b><u>MUST BE COMPLETED</u></b> - Client has difficulties with transfers to tub/shower, describe:		
_____		
_____		
<input type="checkbox"/> Client unable to perform bathing tasks while maintaining sitting balance.		
<input type="checkbox"/> Client requires equipment to enable bathing/showering as the shower/tub cannot accommodate a hand-held shower.		
Recommendations		
<input type="checkbox"/> Bath lift is essential equipment required by client for hygiene; client is unable to manage hygiene using a bath chair/bench. Inability to manage with bath chair/bench explained above. <b><i>*This must be checked-off for the client to be eligible for a bath lift</i></b>		
<input type="checkbox"/> Recline feature requested. <i>*Optional – Ensure appropriate client factors indicated above</i>		
_____	_____	YYYY-MM-DD
Assessor signature	Assessor name	Date