Alberta Government

Breast Prosthesis Fitting/Declaration Form

Protected A (when completed)

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.

Return this form to: AADL, Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3**; Fax: 780-422-0968.**

CLIENT INFORMATION		
Name (last, first)	Date of birth(dd,mm,yr)	Personal Health Number

To be completed by the vendor during client's initial appointment.

Date ________________ Is this a prescheduled appointment? _____________

Fitting for: Right ___________Left ___________Bilateral ___________

1) How many weeks post –op is the client? _____________________
2) Is the client experiencing the following (yes or no):

   Tenderness _______ (if yes, do not proceed with the fitting and refer the client to her physician)

   Swelling at the incision site_______ If yes, has the swelling been investigated_______

   If no, refer the client to her physician.

   If yes, client must acknowledge that the swelling has reduced and initial ____.

3) Have you informed the client of the AADL cost share? ______
4) Have you offered the client a choice of product at benchmark or below? if no, explain why:

   ____

5) Have you and the client discussed adding the prosthesis to their homeowner's insurance? _____

Vendor name and number ____

Date (dd,mm,yr)____________________________

Fitter's name__________________ Signature*_________________________

*****_your signature is verification that the fitting, gathering of client information and provision of a prosthetic is in accordance with AADL policy._

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To be completed by the client once the prosthesis has been chosen.

Instructions:

I, ____, acknowledge that I am satisfied with and agree to the product provided to me by my service provider.

Description of breast prosthesis____

Date___________________________

Client signature_____________________________

Please sign this portion of the document ONLY when you have received the prosthesis.

I, ____, acknowledge that I have received the breast prosthesis.

Date____________________________

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