

Custom Made Footwear Benefits Document B: New and Repeat Clients

Alberta Aids to Daily Living Program Protected A (when completed) 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 determining eligibility to become an AADL Authorizer. 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 Name Date PHN **Authorization Number** All applicable signs and symptoms. Must check off all that apply: 2= 2nd Degree 1= 1st Degree 3= 3rd Degree Left Right Re-assessment **Deformity** Deformity Deformity **Foot** Foot Comments **Charcot Marie Tooth** Severe hallux valgus Amputation of tarsals Disease Fixed hammer toes Charcot Foot Amputation of metatarsals Extreme deformities Pes plano valgus Fusion of hindfoot of the metatarsals resulting in abnormal fixed positions of the heads forefoot and requires additional molded ankle support Abnormal fixed Fusion of midfoot or Fusion of midfoot hindfoot resulting in resulting in abnormal position of any digit abnormal fixed position fixed positions of the of the hindfoot or forefoot hindfoot or forefoot requiring molded ankle and requires additional support molded ankle support Fixed claw toes Crush Injuries of the midfoot or hindfoot Amputation of all digits Stabilized gross

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| Other signs & symptoms and/or comments: | | | | | | | | |
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Pes equino varus

| Repeat | clients. Must check off all that apply: | No | Yes |
|---------------------------------|---|-----------|---------------|
| Is the c | client still ambulating to do activities of daily living? (this does not include pivot or standing transfers) | | |
| Can the | e most recent Custom Footwear provided through AADL be cost effective or safely repaired? | | |
| Has the | e client paid for Custom Footwear repairs in the past twelve months? | | |
| Has the | e client's foot condition changed significantly to be eligible for a replacement? | | |
| Benefit | t Items. Must check off all that apply: | ' | |
| AADL code # Benefit Description | | | Right Foot |
| F100 | No deformity | | 1001 |
| F101 | Repeat of F100 | | |
| F200 | 1 St Degree Deformity (forefoot only) | | |
| F201 | Repeat of F200 | | |
| F203 | Modification of shoe last | | |
| F300 | 2nd Degree Deformity (forefoot, midfoot and/or hindfoot) | | |
| F500 | 3 rd Degree Deformity (forefoot, midfoot & hindfoot, valgus or varus) | | |
| F501 | Repeat of F500 | | |
| F470 | Partial Foot – all toes amputated | | |
| F472 | Foot – amputation between tarsals & metatarsals | | |
| F474 | Partial Foot – mid tarsal amputated | | |
| F476 | Partial Foot – all tarsals amputated | | |
| \dditio | nal comments: | | |
| AAL | DL does not provide custom made footwear for non-ambulatory clients and / or for assisting standing transfers or for edema management. | g in pivo | ot or |
| Special | ty Supplier's Signature Date | | |
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