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Alberta Aids to Daily Living Program

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Client Name

Date

PHN

Authorization Number

Footwear Specialist/Orthotist

New Client

Please check the applicable box(es)	Yes	No
Does the client have a significant boney foot deformity that prevents them from being fit with a modified off-the-shelf shoes or extra depth shoes?		
Has the client tried therapeutic shoes?		
If therapeutic shoes were not tried, why not? If therapeutic shoes were tried: Name(s) of therapeutic shoes tried: Most recent dates that therapeutic shoes were tried: Name of store(s) where therapeutic shoes were tried:		
Has the client tried off-the-shelf foot orthotics?		
If off-the-shelf foot orthotics were not tried, why not? If off-the-shelf foot orthotics tried: Name(s) of off-the-shelf foot orthotics tried: Most recent dates that off-the-shelf foot orthotics were tried: Name of store(s) where off-the-shelf foot orthotics were tried:		
Has the client tried custom made foot orthotics?		
If off-the-shelf foot orthotics were not tried, why not? If off-the-shelf foot orthotics tried: Name(s) of off-the-shelf foot orthotics tried: Most recent dates that off-the-shelf foot orthotics were tried: Name of store(s) where off-the-shelf foot orthotics were tried:		
Will the custom made shoes enable the client to ambulate for activities of daily living? <i>Note: This does not include pivot or standing transfers.</i>		
Does the client have any of the following conditions? (<i>i.e., Over-sized feet, undersized feet, split-sized feet, non-stabilized edema, acute post-operative condition, extra depth/width needs that can be met with therapeutic shoes, and/or length discrepancy that can be met with a shoe elevation</i>).		