

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.

Please complete all eligibility information and provide a signed copy to the client and/or Specialty Supplier.

Incomplete forms cannot be accepted by Specialty Suppliers.

Therapeutic Footwear Prescriptions can only be completed by a Nurse Practitioner or Physician who is a member of a multidisciplinary high-risk foot team, or an Occupational Therapist, Physical Therapist or Registered Nurse found on the list of AADL-Recognized High Risk Foot Team found on the AADL website.

Client Information		
Name:	Personal Health Care Number:	
Diagnosis:		
Carville Risk:	ABI:	PPG:
<input type="checkbox"/> 0 – No loss of protective sensation	(R) : _____	(R) : _____
<input type="checkbox"/> 1 – Loss of protective sensation	(L) : _____	(L) : _____
<input type="checkbox"/> 2 – Loss of protective sensation with high pressure (callus/deformity) or poor circulation	Date: _____	
<input type="checkbox"/> 3 – History of ulceration or neuropathic fracture		
Clinical Indicators:		
<input type="checkbox"/> Nocturnal pain	<input type="checkbox"/> Loss of hair on foot and toes	<input type="checkbox"/> Healed ischemic foot ulcer
<input type="checkbox"/> Intermittent claudication	<input type="checkbox"/> History of gangrene	<input type="checkbox"/> History of a lower extremity ulcer
<input type="checkbox"/> Pain at rest	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Bony deformity with digit pressure ulcer history
<input type="checkbox"/> Dependent rubor/blanching on elevation potential	<input type="checkbox"/> Chronic, non-healing ulcer with no or limited healing	
<input type="checkbox"/> Other: _____		
Therapeutic Footwear Recommendations		
<input type="checkbox"/> Pressure Downloading Orthosis (air cast or healing sandal with custom insert)	➔ A Pressure Downloading Orthosis MUST be required for at least six months to be eligible for AADL Program funding. Pressure Downloading Orthosis is required for: _____ months	
<input type="checkbox"/> Therapeutic Shoes	➔ Specify brand: <input type="checkbox"/> PW Minor <input type="checkbox"/> Ambulator <input type="checkbox"/> Other specific brand: _____	
<input type="checkbox"/> Total Contact Inserts	➔ Comments:	
<input type="checkbox"/> Shoe Modification(s):		
<input type="checkbox"/> Rockers:	<input type="checkbox"/> Velcro Closures:	
<input type="checkbox"/> Flares:	<input type="checkbox"/> Stretch:	
<input type="checkbox"/> Lift (< 3/4"):	<input type="checkbox"/> Other:	
Therapeutic Footwear Prescriber Information		
Name:	Date:	Signature:
Clinic/Facility:	Registration Number:	<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> RN