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Please read the instructions on page 2 prior to completing this form.

1. Client's Name (Last, First): _____ PHN: _____
2. Date of Birth (yyyy/mm/dd) _____/_____/_____ Gender Male Female
3. Diagnosis: _____
4. Date of ABG (yyyy/mm/dd): _____/_____/_____ (attach copy)
(ABG must be done within 3 months from the application date)
pH _____, PaCO₂ _____, PaO₂ _____, HCO₃ _____ (or B.E. _____), Sat _____
5. Client is:

a) Ambulatory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Medically stable (last hospital discharge date: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Physically fit (attach 6 min walking oximetry unless SpO ₂ ≤ 79%)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Capable of exercise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Free of cognitive disabilities (i.e., able to follow instructions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Willing and able to use portable O ₂ when going out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Desaturated to ≤ 89% for at least 1 continuous minute (attach copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Not on BPAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "No" to ANY of the above questions, client is NOT eligible to challenge AADL walk test.

6. Date of recent full Pulmonary Function Test (yyyy/mm/dd): _____/_____/_____ (attach copy)
BMI _____ (If BMI ≥ 37, client is NOT eligible to challenge AADL walk test)
Does client have?

a) Severe airway obstruction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Restrictive lung disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 - For severe restrictive lung disease, must attach result of CT chest, or Open lung biopsy

If "No" to BOTH of a) and b) questions, client is NOT eligible to challenge AADL walk test except with documentation of other medical conditions and prior approval from RBP.

7. Is client on CPAP? No Yes
If client's BMI < 37 and is on CPAP, the following information must be attached:
 - 60 days current compliance download, and
 - Level 1 sleep study interpretation and histogram done on CPAP, or
 - Level 3 sleep study raw data and interpretation done on CPAP.

Note: If client is non-compliant to the prescribe CPAP therapy, client is NOT eligible to challenge AADL walk test.

Signature: _____ Dated (yyyy/mm/dd): _____/_____/_____
By signing this, I verify all information in this document to be true and correct.

Print Name (Last, First): _____

Phone: () _____ Fax: () _____

How to Complete the Referral Form to Challenge AADL Walk Test for Clients with Severe Lung Disease

This form is to be completed or signed by the Registered Respiratory Therapist, physician or other healthcare professional.

1. Provide client's name and personal health number that appear on the Alberta Personal Health card.
2. Provide client's date of birth and gender.
3. Include ALL current diagnoses.
4. Arterial Blood Gas (ABG) testing must be done within 3 months from the application date (attach copy).
5. Client MUST meet ALL the following requirements:
 - a) Ambulatory i.e. client is not in wheelchair, etc.
 - b) Medically stable i.e. client is on an optimal medical treatment with no exacerbation of COPD. If client was recently discharged from the hospital, provide the discharge (yyyy/mm/dd). Client is not eligible to challenge walk test if hospitalized within the preceding 60 days.
 - c) Physically fit i.e. client walks outside the house regularly 15-20 minutes/day. Prescreen exertional oximetry must show SpO_2 for 6 continuous minutes unless client desaturates to $\leq 79\%$.
 - d) Capable of exercise i.e. client has no angina or cardiac risk or pain related to arthritis or vascular disease, etc.
 - e) Free of cognitive disabilities i.e. can comprehend verbal instructions and would be physically and mentally capable of using exertional oxygen.
 - f) Use portable oxygen when going out i.e. client who refuses to use the oxygen on exertion but will use it post exertion or at night only will NOT be eligible to challenge AADL walk test.
 - g) The prescreen oximetry has to be done within a month from the referral date and the exertion performed has to be on level ground walking. Do not walk up and down the stairs. The exertional oximetry has to show $SpO_2 \leq 89\%$ for at least one continuous minute. Hard copy of the oximetry must be attached with this application, dated and signed by the RRT.
 - h) Not on BPAP treatment.
6. Full Pulmonary Function Testing (PFT) should be done within a year from the referral date. Hard copy of the full PFT results with interpretation must be attached.
 - Enter BMI recorded on the PFT. If BMI > 37, client is NOT eligible to challenge walk test.
 - a) If client meets all the above eligibility criteria and has severe airway obstruction based on full PFT, they may challenge the walk test.
 - b) If client meets all the above eligibility criteria and has restrictive lung disease based on the full PFT, CT chest (attach copy), or lung biopsy (attach copy), client may challenge the walk test.
7. If client's BMI is less than 37 and is on CPAP, the following documents must be attached:
 - a) Compliance download for at least 60 days, and
 - b) Level 1 sleep study interpretation and histogram, or Level 3 sleep study raw data and interpretation done on CPAP treatment confirming client is effectively treated. The sleep study must be done within a year from the submission date.

Note: If client is non-compliant to the prescribed CPAP treatment, client is NOT eligible to challenge AADL walk test.