# AADL Assessment Summary for Bathlift Benefit

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To confirm client eligibility for assistance from Alberta Aids to Daily Living (AADL), please ensure this form is completed and attached to the client’s authorization (1250) form.

**All sections and questions must be completed.**

## Authorization Information

| 1250 Form Number: ____________________ | Client Weight: ______________ | □ lbs | □ kgs |

## Client Information (Check all that apply)

- □ Spinal Cord injury, level ________
- □ CVA related hemiplegia
- □ Impaired coordination

- □ Cognitive impairment/poor insight
- □ Neck/trunk hypotonia
- □ Impaired dynamic sitting balance/inability to weight shift

- □ Joint Instability
- □ Upper extremity impairment

## Factor(s) to support recline feature:

- □ Need to improve field of vision
- □ Compressed respiratory system
- □ Inability to sit upright for more than 20 minutes

- □ Kyphosis
- □ ROM restrictions at hip
- □ Spasticity

## Care Team:

- □ Occupational Therapist
- □ Physiotherapist
- □ RN/Nurse Continence Advisor

## Client Environment

- □ Tub accommodates bathlift? Y N
- □ Bathlift trialled in home? Y N
- □ Shower head in place in bathroom? Y N

- □ Able to or has assistance to clean bathlift? Y N
- □ Able to or has assistance to remove bathlift from tub? Y N

## Assessment Summary

Bathtub/shower transfer assessment completed using the following aids:

- □ Transfer bath board
- □ Bath chair with/without back
- □ Bath chair with Perineal Cut
- □ Tub Safety Rail

**MUST BE COMPLETED** - Client has difficulties with transfers to tub/shower, describe:

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

- □ Client unable to perform bathing tasks while maintaining sitting balance.
- □ Client requires equipment to enable bathing/showering as the shower/tub cannot accommodate a hand-held shower.

## Recommendations

- □ Bathlift is essential equipment required by client for hygiene; client is unable to manage hygiene using a bath chair/bench. Inability to manage with bath chair/bench explained above. *This must be checked-off for the client to be eligible for a bathlift*

- □ Recline feature requested. *Optional – Ensure appropriate client factors indicated above*

Assessor Signature ____________________ Assessor Name ____________________ Date YYYY-MM-DD

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