## AADL Assessment Summary for Bathlift Benefit

Alberta Aids to Daily Living

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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.

<table>
<thead>
<tr>
<th>Authorization Information</th>
<th>Client Information</th>
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</thead>
<tbody>
<tr>
<td>1250 Form Number: _________</td>
<td>Client Weight: ________</td>
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### 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

### Factor(s) to support recline feature:

- Need to improve field of vision
- Compromised 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 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
- Transfer Tub Bench
- Bathchair 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

YYMM-DD

Assessor Signature

Assessor Name

Date

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