# Lower Leg Assessment Form

## Section 1: Personal Information

<table>
<thead>
<tr>
<th>Personal Health Number (PHN)</th>
<th>Date of Birth (MM,DD,YR)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>City/Town/Village</td>
<td>Postal Code</td>
</tr>
</tbody>
</table>

## Client Assessment

AADL provides funding for eligible clients with a CEAP of C4-C5 and/or chronic lymphedema. Mark below as appropriate.

- C4a: Pigmentation (hemosiderin staining) and/or venous eczema (stasis dermatitis)
  - Right Leg ________  Left Leg ________
- C4b: Lipodermatosclerosis or atrophic blanche
- C5: Skin changes as defined above with healed venous ulcer
  - Note: Clients with active ulceration do not meet AADL criteria
- C8: Chronic Lymphedema. Note: A medical prescription is required for lymphedema authorizations. Individuals assessed by Certified Lymphedema Therapists or Specialty Assessors will not require a prescription.

### Ankle Brachial Pressure Index – ABPI: **acceptable range is between 0.8 and 1.3.**

- Right Leg ________  Left Leg ________

### Toe Brachial Pressure - TBPI (0.7 or greater)

- Right Toe ________  Left Toe ________

### Toe Pressures - PPG (50mmHg or greater)

- Right Leg ________  Left Leg ________

### Additional Information

- Advanced Assessment ________ (required when ABPIs not taken)
- Advanced Assessment ________ (required when ABPIs not taken)

## Authorizer Information

<table>
<thead>
<tr>
<th>Authorizer Number</th>
<th>Authorizer Name</th>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Date</th>
</tr>
</thead>
</table>

*© 2020 Government of Alberta
Revised May 2020*