Alberta Aids to Daily Living (AADL) Program
New Client Questionnaire: Document A

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 determining eligibility to become an AADL Authorizer. 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.

<table>
<thead>
<tr>
<th>CLIENT INFORMATION</th>
<th>Date of Birth</th>
<th>Personal Health Number</th>
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<tbody>
<tr>
<td>Client’s name (last) (first)</td>
<td>YYYY MM DD</td>
<td></td>
</tr>
<tr>
<td>Specialty Supplier Name</td>
<td>Phone Number</td>
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This questionnaire MUST be completed prior to determining eligibility for Custom Footwear and/or completing on-line authorization.

1. Does the client have over sized feet or under sized feet?  
   Yes □  No □
   
   If yes, do not proceed, as client’s needs can be met with off-the-shelf footwear.

2. Does the client have split sized feet or a pre-op or post-op need?  
   Yes □  No □
   
   If yes, do not proceed, as client’s needs can be met with off-the-shelf footwear.

3. Does the client have edema?  
   Yes □  No □
   
   If yes, has the edema been:
   a) Investigated? If no, refer back to their physician.
   b) Reduced & stabilized? If no, refer the client back to their physician.
   c) Have other measures been trialed to control the edema, such as compression stockings? If no, please explain why not:

4. Has the client tried therapeutic shoes or off-the-shelf footwear?  
   Yes □  No □
   
   If no, do NOT proceed
5. What types of shoes or off-the-shelf footwear did the client try?

________________________________________________________________________

________________________________________________________________________

6. Where and when did this trial of therapeutic shoes and/or off-the-shelf footwear occur?

________________________________________________________________________

________________________________________________________________________

Comments and/or recommendations:

________________________________________________________________________

________________________________________________________________________

7. Has the client tried the off-the-shelf foot orthotics? Yes □ No □

   If yes, state outcome:

________________________________________________________________________

________________________________________________________________________

8. Has the client tried custom-made foot orthotics? Yes □□□No □

   If yes, state outcome & name of facility that fabricated the orthotics:

________________________________________________________________________

________________________________________________________________________

9. Has the client significant bony deformity or stabilized gross chronic Lymphedema of the foot that prevents the client from wearing a modified therapeutic shoe with rocker soles, tongue padding, flares and/or stretching that results in a functional footwear fitting? Yes □□No □
10. If no, will Custom Footwear enable the client to ambulate?  Yes ☐  No ☐

11. Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

AADL does not provide Custom Footwear for non-ambulatory clients and/or for assisting in pivot or standing transfers

________________________________________________________________________

Specialty Supplier’s signature:_________________________ Date:_______________