## ADDL Lower Compression Vendor Fitting Form

**Client's Name (Last) (First)**

<table>
<thead>
<tr>
<th>Date of Fitting</th>
<th>Time of Fitting</th>
<th>Initial fitting time: ________</th>
<th>2nd fitting time: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Month</td>
<td>Day</td>
<td>Initial Fitting?</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>2nd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Stocking Authorized:</th>
<th>Pressure Authorized:</th>
<th>Open Toe</th>
<th>Shoe Size:</th>
</tr>
</thead>
<tbody>
<tr>
<td>calf</td>
<td>20-30 mmHg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thigh</td>
<td>30-40 mmHg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pantyhose</td>
<td>40-60 mmHg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thigh with waist attachment</td>
<td>50-60 mmHg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Special Instructions from Doctor, Authorizer, Fitter?**
- [ ] Yes
- [ ] No
- [ ] Yes
- [ ] No

**If yes, indicate what is requested (i.e. brand, silver, cotton, rubber):**

**Measuring Tips:**
- Always measure on bare skin
- Pull tape firmly without constriction
- Measurements should be taken from distal to proximal (from the ground up)
- Calf measurement should be at the fullest part of the calf.
- Thigh measurement should be at the fullest part of the thigh.

**Fitter’s Comments:**

- Edema present? [ ] No [ ] Yes
- If yes, stop fitting and contact the authorizer, refer client back to authorizer for further clinical investigation.
- If yes, slight or mild, vendor to elevate legs and if resolved, measure; if not, contact authorizer

**Stockings tried (i.e. brand):**
- [ ] Yes
- [ ] No, indicate rationale below and have client initial: [ ] Initials

**Trial of stocking aid:**
- [ ] Yes, what type?
- [ ] No, explain rationale:

**Is client aware of the necessity of stocking aids (i.e. gloves)?**
- [ ] Yes
- [ ] No

**Is client aware they are financially responsible to replace stockings from misuse, loss or theft?**
- [ ] Yes
- [ ] No

**Brand of stocking client was fitted with:**

<table>
<thead>
<tr>
<th>AADL Authorization Number</th>
<th>Client’s Signature</th>
<th>Fitter’s Name</th>
</tr>
</thead>
</table>

© 2020 Government of Alberta
Revised May 2020