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 obtaining an AADL benefit. 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.

Client’s Name (Last) (First) Person Health Number (PHN)

Date of Fitting
Year Month Day

Time of Fitting

Initial fitting time: ______
2nd fitting time: ______
If no fitting put N/A

Initial Fitting? □ Yes □ No
If no, which fitting? □ 2nd □ 3rd □ 4th □ Other: ______

Product Authorized:
□ gauntlet
□ glove
□ sleeve
□ combination

Pressure Authorized:
□ 20-30 mmHg
□ 30-40 mmHg
□ 40-60 mmHg
□ 50-60 mmHg
□ Open Fingers
□ Closed Fingers

Special Instructions from Doctor, Authorizer, Fitter? □ No □ Yes
If yes, indicate what is requested (i.e. brand, silver, cotton, rubber):

Fitters may use the chart below, or utilize a fitting chart from a recognized upper extremity garment manufacturer (manufacturer’s fitting chart must be attached to this sheet)

Measuring Tips: Always measure on bare skin; Pull tape firmly without constriction

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 arms and if resolved, measure; if not, contact authorizer

Brand of garment tried and fitted:

Ability to don and doff garment? □ Yes □ No, indicate rationale below and have client initial: Initials

Is client aware of the necessity of glove aids? □ Yes □ No

Is client aware they are financially responsible to replace garments from misuse (including holes and runs), loss or theft? □ Yes □ No

AADL Authorization Number Client’s Signature Fitter’s Name

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