



AADL Assessment Summary Bath Lift Benefit

Protected A (when completed)

Alberta Aids to Daily Living Program

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To confirm client eligibility for assistance from Alberta Aids to Daily Living (AADL), please ensure this form is completed and uploaded with authorization on Alberta Blue Cross open health portal.

All sections and questions must be completed.

| Authorization Information | | |
|---|---|--|
| Client Name: | Client Weight: _____ | <input type="checkbox"/> lbs. <input type="checkbox"/> kgs. |
| Client Information (Check all that apply) | | |
| <input type="checkbox"/> Spinal cord injury, level | <input type="checkbox"/> Cognitive impairment/poor insight | <input type="checkbox"/> Joint instability |
| <input type="checkbox"/> CVA related hemiplegia | <input type="checkbox"/> Neck/trunk hypotonia | <input type="checkbox"/> Upper extremity impairment |
| <input type="checkbox"/> Impaired coordination | <input type="checkbox"/> Impaired dynamic sitting balance/inability to weight shift | |
| Factor(s) to support recline feature: | <input type="checkbox"/> Need to improve field of vision | <input type="checkbox"/> Kyphosis |
| | <input type="checkbox"/> Compromised respiratory system | <input type="checkbox"/> Range of motion restrictions at hip |
| | <input type="checkbox"/> Inability to sit upright for more than 20 minutes | <input type="checkbox"/> Spasticity |
| Care Team: <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> RN/Nurse Continence Advisor |
| Client Environment | | |
| Tub accommodates bath lift? Y N | Bath lift tried in home? Y N | |
| Able to or has assistance to clean bath lift? Y N | Shower head in place in bathroom? Y N | |
| Able to or has assistance to remove bath lift from tub? Y N | | |
| Assessment Summary | | |
| Bathtub/shower transfer assessment completed using the following aids: | | |
| <input type="checkbox"/> Transfer bath board | <input type="checkbox"/> Bath chair with/without back | <input type="checkbox"/> Transfer tub bench |
| <input type="checkbox"/> Bath chair with perineal cut | <input type="checkbox"/> Tub safety rail | |
| <u>MUST BE COMPLETED</u> - Client has difficulties with transfers to tub/shower, describe: | | |
| _____ | | |
| _____ | | |
| <input type="checkbox"/> Client unable to perform bathing tasks while maintaining sitting balance. | | |
| <input type="checkbox"/> Client requires equipment to enable bathing/showering as the shower/tub cannot accommodate a hand-held shower. | | |
| Recommendations | | |
| <input type="checkbox"/> Bath lift 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. <i>*This must be checked-off for the client to be eligible for a bath lift</i> | | |
| <input type="checkbox"/> Recline feature requested. <i>*Optional – Ensure appropriate client factors indicated above</i> | | |
| _____ | _____ | YYYY-MM-DD |
| Assessor signature | Assessor name | Date |