

Alberta Aids to Daily Living (AADL) Program

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 10<sup>th</sup> Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Telephone: 780-427-0731, Fax: 780-422-0968.

CLIENT'S GENERAL INFORMATION					
Personal Health Number (PHN):	First Name:		Last Name:		
Address:	City/Town:		Residential Code: <input type="checkbox"/> Private <input type="checkbox"/> Lodge <input type="checkbox"/> Group Home Supportive Living <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Phone Number:	Postal Code:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate: YYYY/MM/DD		
VENDOR INFORMATION					
Pharmacist Name:		Vendor Number:	Fax Number:		
<b>PLEASE answer each question</b>				<b>YES</b>	<b>NO</b>
Client declaration form has been completed and retained on the client's file					
AADL's cost sharing has been explained to the client					
The client requires at least daily IM or Subcutaneous injections					
Client requires M 403 (½ cc or 1 cc syringe) @ 500 every two months					
Client requires M 415 (3 cc syringe) @ 500 every two months					
Client is palliative (approval will be for 6 months)					
Client is long term (i.e., chronic pain management) - approval will be for 12 months					

**Please indicate start date and list the medication and frequency the client requires.**

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Pharmacist's Signature

\_\_\_\_\_  
Date

AADL SECTION		
Your client is approved for _____ M 403 @ _____ every two months and/or		
Your client is approved for _____ M 415 @ _____ every two months		
Authorization Number:	Start Date:	Expiry Date:
Any questions or concerns please contact one of AADL's medical-surgical benefit clerks at 780-422-8821 or 780-422-8857.		