

Government of Alberta ■

AADL Speciality Suppliers Breast Prosthesis Fitter's Form

Client's Information		
Client's Name: (Last) (First)	Date of Birth	Personal Health Number (PHN)
Date of Fitting: Year/Month/Date		

Check off all that apply:

Is this a pre-scheduled appointment?	Yes	No
Is this an initial fitting or repeat?		
Fitting for: __Lt __Rt or __ bilateral		

The following is for initial clients only:

	Yes	No	Client Initials
1) How many weeks post-op is the client? _____ If a repeat client, please indicate _____			
2) Is there tenderness? If yes, do not proceed and refer the client back to her GP			
3) Is there swelling at the incision site? If yes, has the edema been: a) Investigated? If no, refer back to their physician b) Reduced or stabilized? If no, refer back to their physician			
4) Has AADL cost sharing been explained to the client?			
5) Have you offered the client choice of product at benchmark or below? If No, explain why?			
6) Have you suggested that the client adds their breast prosthesis to their homeowner's or renter's insurance?			
My fitter has spent the following time doing my actual breast prosthesis fitting <input type="checkbox"/> n/a <input type="checkbox"/> 15 mins. <input type="checkbox"/> 20 mins. <input type="checkbox"/> 20 mins ½ hr. <input type="checkbox"/> 1 hr. <input type="checkbox"/> 1.5 hr <input type="checkbox"/> 1.75 <input type="checkbox"/> 2.0 hr			

Product Provided / Additional Comments:

Vendor's Name and number: _____

Fitter's Name: _____ Fitter's signature: _____

Client Signature: _____ Date: _____

The personal information provided on this form is collected under the authority of the *Alberta Aids to Daily Living and Extended Health Benefits Regulation* and the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be managed in accordance with the *FOIP Act*. The information will be used for the purpose of administering the Alberta Aids to Daily Living Program. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program, Health Related Supports, Alberta Seniors and Community Supports, 10th Floor, Milner Building, 10040 – 104 Street, Edmonton, Alberta, T5J 0Z2. Telephone (toll-free in Alberta): 310-0000, then 780-427-0731 when prompted or 780-427-0731; Fax: 780-422-0968.