

AADL Seating Telehealth Notification Form

Check applicable AADL Seating Clinic supporting Telehealth:	
<input type="checkbox"/> Alberta Children's Hospital <input type="checkbox"/> Brain Injury Rehabilitation Program, Alberta Hospital Ponoka <input type="checkbox"/> Capital Care - Dickinsfield <input type="checkbox"/> Fanning Centre - Carewest <input type="checkbox"/> Foothills Medical Centre <input type="checkbox"/> Glenrose Rehabilitation Hospital <input type="checkbox"/> High River Hospital <input type="checkbox"/> Lethbridge Regional Hospital - Southern Alberta Seating Team <input type="checkbox"/> Medicine Hat Regional Hospital <input type="checkbox"/> Michener Seating Services <input type="checkbox"/> Queen Elizabeth II Hospital Grande Prairie <input type="checkbox"/> Red Deer Regional Hospital	
Name of Telehealth Remote Assessor Therapist:	Phone No.
Remote Telehealth Site address:	
Check RHA requesting the Telehealth session:	
<input type="checkbox"/> 1 - Chinook Regional Health Authority <input type="checkbox"/> 2 - Palliser Health Region <input type="checkbox"/> 3 - Calgary Health Region <input type="checkbox"/> 4 - David Thompson Regional Health Authority <input type="checkbox"/> 5 - East Central Health <input type="checkbox"/> 6 - Capital Health <input type="checkbox"/> 7 - Aspen Regional Health Authority <input type="checkbox"/> 8 - Peace County Health <input type="checkbox"/> 9 - Northern Lights Health Region	
Date of Proposed Seating Assessment by Telehealth:	
Client Name	PHN

Date: _____

Fax to: Cathy Johnson (780) 422-0968