

## ALBERTA AIDS TO DAILY LIVING (AADL) VENDOR FITTING FORM

Client's Name (Last) _____ (First) _____			Personal Health Number (PHN) _____		
Date of Fitting Year _____ Month _____ Day _____		Time of Fitting _____	Location of Fitting _____		Initial Fitting? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If no, which fitting? <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> Other: _____	
Length of Stocking Authorized: <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> pantyhose <input type="checkbox"/> thigh with waist attachment		Pressure Authorized: <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-60 mmHg <input type="checkbox"/> 50-60 mmHg		<input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe  Shoe Size: _____	Special Instructions from Doctor, Authorizer, Fitter? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate what is requested (i.e. brand, silver, cotton, rubber): _____
<b>Fitters may use the chart below, or utilize a fitting chart from a recognized stocking manufacturer (manufacturer's fitting chart must be attached to this sheet)</b>					
<p><b>*Both legs need to be measured</b></p> <p>The diagram shows a side view of a leg with several horizontal arrows indicating measurement points. On the left side, there are four pairs of arrows labeled 'L' and 'R' pointing to 'length in cm'. On the right side, there are four pairs of arrows labeled 'L' and 'R' pointing to 'measurement in cm'. At the top, a single arrow points to 'measurement in cm'. At the bottom, a horizontal arrow points to 'footsize measurement in cm'. Vertical double-headed arrows on the left indicate the extent of the thigh and calf measurements.</p>				<p><b>Measuring Tips:</b></p> <ul style="list-style-type: none"> <li>Always measure on bare skin</li> <li>Pull tape firmly without constriction</li> <li>Measurements should be taken from distal to proximal (from the ground up)</li> <li>Calf measurement should be at the fullest part of the calf.</li> <li>Thigh measurement should be at the fullest part of the thigh.</li> </ul> <p><b>Fitter's Comments:</b></p>	
Edema present? <input type="checkbox"/> No <input type="checkbox"/> 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 legs and if resolved, measure; if not, contact authorizer					
Stockings tried (i.e. brand): _____					
Ability to don and doff stocking? <input type="checkbox"/> Yes <input type="checkbox"/> No, indicate rationale below and have client initial:					Initials
Trial of stocking aid: <input type="checkbox"/> Yes, what type?					
<input type="checkbox"/> No, explain rationale:					
Is client aware of the necessity of stocking aids (i.e. gloves)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is client aware they are financially responsible to replace stockings from misuse, loss or theft? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Brand of stocking client was fitted with: _____					
AADL Authorization Number _____		Client's Signature _____		Fitter's Name _____	