

**ALBERTA AIDS TO DAILY LIVING (AADL) PROGRAM
QUANTITY & FREQUENCY REVIEW (QFR) REQUEST FOR
DISPOSABLE SUPPLIES**

Prior to submitting a request for a continence product, an RN must complete the following assessment steps. If a RN is not available to assess the client please indicate rationale.

****ALL documentation must be attached to the QFR**

1. Client's current continent product: _____

Name and describe what the different outcomes/recommendations of different products tried? _____

2. Provide recent three-day bladder diary. List Strategies implemented and outcomes (provide post bladder diary): _____

3. Provide urinary assessment tool. List strategies implemented i.e. Behavior Modifications with relevant outcomes/recommendations: _____

4. OT/PT Referral: YES NO If NO, why? _____

List all OT/PT's interventions and Outcomes: _____

5. NCA Referral: YES NO If NO, why? _____

6. Referral to an Incontinence Specialist? YES (please attach report) NO If NO, why? _____

7. Are there bowel issues? If yes, describe intervention and outcomes/recommendation:

8. Has there been a relatively sudden increase in the client's severity of incontinence? If yes, has a Asymptomatic urinary tract infection been ruled out? _____

9. Predisposing medical condition impacting the client's severity and/or management of urinary incontinence:

Additional Comments: _____

Authorizer signature: _____ **Date:** _____

Assessor signature: _____ **Date:** _____