

Optional Sections of ADTI SA Forms for Completion

1. 5369 – Initial Coverage of Cholinesterase Inhibitors

OPTIONAL SUPPLEMENTARY INFORMATION

To be used by BC researchers (including clinical experts from UBC/VGH and sociologists at UVic's Centre on Aging) in a 3-year study to improve the care and treatment of individuals affected by Alzheimer's disease.

PATIENT LIVES ALONE <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT: _____ CM OR _____ IN	ETHNIC ANCESTRY (CHECK ONE ONLY) <input type="checkbox"/> ABORIGINAL <input type="checkbox"/> ASIAN <input type="checkbox"/> EUROPEAN <input type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> AFRICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> SOUTH ASIAN <input type="checkbox"/> OTHER: _____
RESIDES IN A FACILITY WHERE MEDICAL CARE IS PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	WEIGHT: _____ KG OR _____ LBS <i>IF UNABLE TO MEASURE, PLEASE PROVIDE ESTIMATE</i>	YEARS OF EDUCATION (CHECK ONE ONLY) <input type="checkbox"/> 0 - 8 <input type="checkbox"/> 9 - 12 <input type="checkbox"/> 13+
		VISION / HEARING IMPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE BARRIER <input type="checkbox"/> YES <input type="checkbox"/> NO

2. 5370 – Renewal of Coverage for Cholinesterase Inhibitors

OPTIONAL SUPPLEMENTARY INFORMATION

To be used by BC researchers (including clinical experts from UBC/VGH and sociologists at UVic's Centre on Aging) in a 3-year study to improve the care and treatment of individuals affected by Alzheimer's disease.

PATIENT LIVES ALONE <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT: _____ CM OR _____ IN
RESIDES IN A FACILITY WHERE MEDICAL CARE IS PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	WEIGHT: _____ KG OR _____ LBS <i>IF UNABLE TO MEASURE, PLEASE PROVIDE ESTIMATE</i>

3. 5371 – Switching for Tolerability

- No optional section included
- No payment applicable