



**SERVICE INFORMATION**

**Are other community services currently providing support(s)?**  Yes  No (if yes, please select below)

- Home & Community Care Support Services (LHIN)  Family Service Kent  Private in-home support services
- Canadian Mental Health Association (CMHA)  Geriatric Mental Health Outreach Team (GMHOT)
- Veteran's Affairs  Alzheimer Society  New Beginnings  Chatham-Kent Legal Clinic  Chatham-Kent
- Other (please specify): \_\_\_\_\_

**Does this individual have an existing case manager?**  Yes  No (if yes, please specify below)

\_\_\_\_\_  
\_\_\_\_\_

**Is this individual currently on a wait list for services?**  Yes  No (if yes, please specify below)

\_\_\_\_\_  
\_\_\_\_\_

**Is this individual currently on a wait list for Long-Term Care?**  Yes  No (if yes, please specify below)

\_\_\_\_\_  
\_\_\_\_\_

**Are there potential safety risks for home or office visits?**  Yes  No (if yes, please specify below)

\_\_\_\_\_  
\_\_\_\_\_

**Urgency of Referral**

Please note that this is not a crisis service. If the individual is in immediate danger, please phone 9-1-1.

- Urgent (follow up within 1-2 business days)
- Important (follow up within a week)
- Non-urgent (routine assessment)

**Additional Comments/Special Instructions**

**Referring Source**

- Healthcare Provider  Specialist  Family/Caregiver/SDM  Self  Hospital  Agency/Other

Name of Referral Source: \_\_\_\_\_

Role: \_\_\_\_\_

Signature of Referral Source: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed forms via

Fax: 519-354-5152

Email: [tmartin@familyservicekent.com](mailto:tmartin@familyservicekent.com)

Mail or In-Person: 50 Adelaide St. S Chatham, ON N7M 6K7

## ELDER ABUSE SUSPICION INDEX © (EASI)

The EASI was developed\* to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated\* for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.

### Q.1 - Q.5: ASK OF PATIENT.

Q1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	Yes	No	Did not answer
Q2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	Yes	No	Did not answer
Q3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	Yes	No	Did not answer
Q4. Has anyone tried to force you to sign papers or to use your money against your will?	Yes	No	Did not answer
Q5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	Yes	No	Did not answer

### Q.6: ANSWERED BY DOCTOR.

Q6. Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	Yes	No	Not sure
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\*Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI) ©. Journal of Elder Abuse and Neglect 2008; 20(3) 276-300. Haworth Press Inc: <http://www.tandf.co.uk/journals/haworth-journals.asp>

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