THE SEISAR TOOL: Assessment & Intervention

ADDRESSOGRAPH

Standardized Personal Information Form

- Residence type:
  Name/Phone/Fax
- Primary caregiver(s)
  Name/Phone — Name/Phone
- Primary care physician
  Name/Phone/Fax
- Homecare service contact person
  Name/Phone/Fax

SEISAR Problem Checklist (please refer to the corresponding standardized questionnaire in annex)

Y	C	N	INT	COMMUNICATION
			MD	Impaired vision
			MD	Impaired hearing

Y	C	N	INT	MEDICATION
			GA/MD	Polypharmacy/new medication
			GA/S	Rx management difficulties

Y	C	N	INT	COGNITION
			ED/S	Acute confusion/disorientation
			GA/S	Undiagnosed cognitive problem

Y	C	N	INT	BEHAVIOR/AFFECT
			GA/S	Depression
			ED/S/GA	Agitation

Y	C	N	INT	NUTRITION
			MD/G/S	Recent weight loss/malnutrition
			MD/S	Substance abuse

Y	C	N	INT	ACTIVE MEDICAL ISSUES
			ED	Persistent presenting symptoms
			MD	Active co morbidities

Y	C	N	INT	MOBILITY
			GA/S	Falls (past or recent)
			GA/S	Problems walking/difficulty in using walking aid

Y	C	N	INT	PAIN MANAGEMENT
			ED/S	Persistent pain
			ED/MD	Joint/bone pain

Y	C	N	INT	ACTIVITES OF DAILY LIVING
			S	Difficulties with meal preparation
			S	Limitations with basic hygiene
			MD/S	Incontinence

Y	C	N	INT	SOCIAL
			S/MD	Insufficient support, lives alone
			S/MD	Social isolation/neglect
			S/MD	Previously refused service

Y **YES,** problem present **C** Problem present but **COMPENSATED** **N** **NO,** problem absent

INT: **MD –** Primary care physician **ED** – ED physician **S** – Homecare service **GA** – Geriatric assessment

Standardized Information (Check where appropriate)

Source of information:	Living Arrangements:		Referrals given:
☐ Patient	☐ Alone	☐ House/apartment	☐ GP letter
☐ Caregiver	☐ With spouse/family	☐ Group home, nursing home, LTC	☐ Home care
☐ Home Care contact	☐ Residence with services	☐ Residence with no services	☐ ED referral

Signature:______________________________ Date:______________________

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