



SEXUAL ASSAULT PAEDIATRIC CLINIC REFERRAL FORM

Tel: (613) 549-6666

Clinic ext. 64880

SADV Nurse On-call ext. "0"

PATIENT INFORMATION

Surname		First Name	
Date of Birth (yyyy/mm/dd)		Health Card #	
Primary Language		Translator Required?	
Height (centimeters)		Weight (kilograms)	
Birth Sex		Gender Identity	

CONTACT INFORMATION

(patient or non-offending caregiver)

Parent/Guardian(s)		Relationship to Patient	
Mobile Phone		Home Phone	
Email (if consents)			
Address			

URGENCY

<u>URGENT</u>		<u>NON-URGENT</u>	
<ul style="list-style-type: none"> • Pre-pubescent: event within last 72 hours • Post-pubescent: event within 12 days • OR injuries are still present 		<ul style="list-style-type: none"> • Timeframe unknown • Outside timeframe for urgent care • No ongoing injuries 	
<p>Please Note: Patients who require same day or urgent referral should be discussed with the SADV Nurse on-call 24/7 613-549-6666 – Dial "0" for Switchboard and ask for the SADV Nurse</p>			

FAMILY & CHILDREN'S SERVICES NOTIFICATION

Program Reported to:	<input type="checkbox"/> Family and Children's Services of Frontenac, Lennox and Addington <input type="checkbox"/> Highland Shores Children's Aid Society <input type="checkbox"/> Family and Children's Services of Lanark, Leeds and Grenville <input type="checkbox"/> Other: _____
Worker Name:	
Contact Information:	
Police Service Involved: (if applicable)	



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REFERRAL DETAILS

Reason for Referral	
Alleged Assailant	
Type of Contact	
Event date OR Last contact with assailant	
Completed Investigations & Pending Results	
Are parents/guardians aware of the referral?	

Please attach relevant information, including:

- Clinic note
- Cumulative patient profile (CPP)
- Immunization records
- Investigation results & lab reports

REFERRING CLINICIAN INFORMATION

Referring Site/Clinic			
Phone Fax Address (can use a label or stamp)			
Clinician Signature			
Printed Name and Designation			
Billing Number or Professional ID			
Date (yyyy/mm/dd)		Time (hh:mm)	

Please fax the referral to the KHSC SADV Program (613) 546-8211

***Child physical abuse or maltreatment to be directed to KHSC Paediatrics*