



# Lanark County Sexual Assault & DOMESTIC VIOLENCE PROGRAM

Lanark County Sexual Assault / Domestic Violence (SADV) Program

## SERVICE REFERRAL & CONSENT FORM

Medical • Forensic • Counselling • Advocacy • Follow-Up Care

<b>Referring Hospital or Agency</b>		
<input type="checkbox"/> Almonte General Hospital <input type="checkbox"/> OB/GYNE <input type="checkbox"/> ED <input type="checkbox"/> Carleton Place & District Memorial Hospital (ED)	<input type="checkbox"/> Perth & Smiths Falls District Hospital <input type="checkbox"/> ED <input type="checkbox"/> Smiths Falls Site <input type="checkbox"/> OB/GYNE <input type="checkbox"/> ED	<input type="checkbox"/> Victim Services <input type="checkbox"/> RCHS (CHC) <input type="checkbox"/> PCP _____ <input type="checkbox"/> Other _____
<b>Referred by (Name of RN/Physician/NP/Other):</b>  <b>Date:</b>  <b>Phone number (for clarification/additional information):</b>		
<b>Reasons for referral:</b>  <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Both <input type="checkbox"/> Exploitation / Trafficking Concern		
<b>Personal Information</b>		
<b>Name:</b>  <b>HC:</b>	<b>DOB:</b>	<b>Gender Identity</b> <input type="checkbox"/> Male <input type="checkbox"/> female <input type="checkbox"/> Trans female <input type="checkbox"/> Trans male <input type="checkbox"/> Genderqueer/Non-Binary <input type="checkbox"/> _____ (fill in blank) <input type="checkbox"/> Prefer not to disclose
<b>Address:</b>		
Emails/texts between you and our program staff are not encrypted; therefore, we cannot guarantee your confidentiality in an email/text. We will never communicate personal health information by email/text. Messages may be forged, forwarded, or seen by others using the internet. Email/text communication is used only with your permission and at your own risk.		
<b>Preferred method of communication:</b> <input type="checkbox"/> Phone <input type="checkbox"/> text <input type="checkbox"/> email		
<b>Phone #:</b>	<b>Consent to call</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Consent to leave a message</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Alternate Phone#:</b>	<b>Consent to call</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Consent to leave a message</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there certain days of the week or times of day that are best to get in touch?</b>		

