The Ottawa Hospital | L'Hôpital d'Ottawa

Consultation

Regional Sexual Assault Partner Abuse Care Program (SAPACP)

❑ Emergency Cases (immediate transfer) number 613-798-5555 "0" ask for nurse on call

❑ Outpatient Clinic (appointment only) Tel.: 613-798-5555 x 13770 Fax: 613-761-4985

Requested by:

Reason for referral:

❑ Sexual assault
❑ Safety planning
❑ Human trafficking (sexual exploitation)
❑ Emergency contraception (Copper IUD or Plan B)
❑ Liaison for short term or long term counseling options
❑ Intimate partner violence/Domestic violence/Dating violence
❑ Stalking or harassment from current or previous intimate partner
❑ Reproduction Coercion (Birth Control counseling/prescription (IUD insertion available); pregnancy options counseling)

Referral requirements:

❑ Any person age 16 years or older
❑ Ability to consent for treatment (inidividual or SDM)
❑ Referral Requirments for both Outpatient and Emergency service
❑ We are open to and available to discuss unique individual circumstances that may not fit the criteria above

Initial findings/Impressions:

Plan/Summary/Recommendations:

For further discipline specific documentation see: ❑ **N/A**

Print name	Signature	Date(YY-MM-DD)	Time