



Name

Safe Contact Number

### 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 (individual or SDM)
- Referral Requirements 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
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