



**Referral for Adult Medical and Forensic Examination  
Regional Sexual Assault and Domestic Violence Treatment Centre  
St. Joseph's Health Care, London**

Patient's name: \_\_\_\_\_ Patient's contact #: \_\_\_\_\_

Do we have permission to contact the patient?  Yes  No

Referring Physician (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Contact #: \_\_\_\_\_ Referring Facility: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Service:**

The Regional Sexual Assault and Domestic Violence Treatment Centre can provide the following services for adults with known or suspected abuse:

- Forensic evidence collection (time sensitive)
- Forensic documentation of injuries
- Forensic photo-documentation
- Medical examination, prophylaxis, and treatment if indicated
- Follow-up medical care
- Counseling for the patient and/or their significant others
- Safety planning

The patient is provided with options for care. He/she has the right to decline any services and his/her wishes will be respected. He/she has the right to access some services (such as counseling) while declining others. We also provide the option of collecting evidence and completing documentation and photographs without reporting to the police to allow the patient time to decide if they want police involvement.

**All criteria must be met:**

- Patient is **12 years of age or over** on the date of referral. (Please see the pediatric referral process for patients less than 12 years of age).
- Sexual assault reported to have occurred in the previous year. No time limitation for domestic violence.
- Urgent medical concerns assessed and treated before transfer to the RSADVTC. The on-call nurse may request that the patient is medically cleared before being seen by the sexual assault/domestic violence team.

**Please indicate other service providers who have been notified or are involved**

(eg. CAS, police) \_\_\_\_\_

**Process:**

1. Contact on-call nurse at 519-646-6100, #0 (Switchboard). The on call nurse will coordinate an appointment time based on the needs of the patient.
2. Upon acceptance of this referral by the on-call nurse, please fax this consultation/referral form and face sheet of the medical record to RSADVTC at 519-646-6243.