



Consultation

Quinte Health Domestic Violence and Sexual Assault Response Program (DVSARP)

- Emergency/ Acute Consult (Immediate Transfer)
 1. Call 613 969 7400 Dial "0" and ask for the DVSARP nurse On-call
 2. Fax referral information to 613-392-5670
- Outpatient Appointment
 1. Office Number: 613-969-7400 ex: 5024 M-F 0730-1530
 2. Fax: 613-392-5670

Reason for Referral: <ul style="list-style-type: none">○ Sexual Assault<ul style="list-style-type: none">○ Acute (less than 12 Days)○ Non Acute○ Intimate Partner Violence (>16 Years of age)<ul style="list-style-type: none">○ Current○ Historic○ Human Trafficking (Sexual Exploitation)	Referral Check list: <ul style="list-style-type: none">○ Completed consultation form○ Up to date patient demographics including contact information (Please attach)○ Patient has ability to consent to treatment and has consented to referral
---	---

Initial Findings/ Impression:

Summary of Treatment completed:

Referred by: _____

Contact Number: _____