

# Adolescent and Adult Sexual Assault Discharge Instructions

(Please keep this information in a safe place for future reference)

Exam Date: \_\_\_\_\_

Health care facility where exam was conducted \_\_\_\_\_

Evidence Collected for investigative purposes  Yes  No

Evidence collected for storage-only  Yes OSP SAFE Kit # \_\_\_\_\_  No

No evidence was collected

## Sexually transmitted infection prevention:

You have received the following medications:

For Chlamydia prevention: \_\_\_\_\_

For Gonorrhea prevention: \_\_\_\_\_

For Vaginosis prevention: \_\_\_\_\_

Other medication: \_\_\_\_\_

Other medication: \_\_\_\_\_

## Pregnancy Prevention:

You have received emergency contraception today

You should follow up for pregnancy testing in 2 weeks if you did not take emergency contraception today or if you miss your next period

## HIV Postexposure Prophylaxis:

You **DID NOT** receive HIV postexposure prophylaxis

You **DID** receive HIV postexposure prophylaxis and should follow-up within 3-5 days with the following provider:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Hepatitis B prevention:

You have received your 1<sup>st</sup> Hepatitis B vaccine today

Follow up vaccine schedule:

2<sup>nd</sup> dose of the vaccine is due in 1 month

3<sup>rd</sup> dose of the vaccine is due in 6 months

You **DID NOT** receive the Hepatitis B vaccine today because you have been previously immunized

You **DID NOT** receive the Hepatitis B vaccine today **AND** are not previously immunized and should follow up at your PCP or other healthcare provider to begin the 3 shot series.

**HIV counseling and testing:**

- You received baseline HIV testing today
- You **DID NOT** receive baseline HIV testing today
- You should follow up for HIV testing at 6 weeks, 3months and 6 months

HIV counseling and testing are available at: \_\_\_\_\_  
\_\_\_\_\_

**Advocacy:**

Your Advocacy Agency is \_\_\_\_\_ and can be reached at \_\_\_\_\_  
\_\_\_\_\_

**Safety Plan:**

Safety plan reviewed (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are safety concerns, a plan including an advocate and law enforcement (if the patient requests law enforcement involvement) should be arranged prior to discharge.

**Follow-up care:**

You have been referred for follow-up care with: \_\_\_\_\_  
\_\_\_\_\_

You need to call for an appointment at: \_\_\_\_\_  
\_\_\_\_\_

**Community Resources (fill in local resources here):**

HIV testing:

Medical Care follow-up (including sexually transmitted infection evaluation and treatment):

Mental Health follow-up:

Advocacy:

Domestic Violence:

Victims Services:

**Law Enforcement**

You **DID** report to law enforcement. Evidence was collected on your behalf and was given to \_\_\_\_\_ for investigative purposes.

You **DID NOT** report to law enforcement. Evidence was collected on your behalf and was given, without your identity being revealed, to \_\_\_\_\_ for storage only. You may choose to make a report at anytime and are encouraged to do so. However, law enforcement is only required to store evidence for 180 days from today. If no report is filed by that date any stored evidence (including clothing and other articles) may be destroyed.