

Medical Follow-up Referral Form:

A medical forensic examination was provided for: _____

on (date) _____ at (facility) _____

This patient was tested for:

- NO TESTING WAS PREFORMED
- Pregnancy
- HIV
- Hepatis B
- Hepatis C
- Chlamydia
- Gonorrhea

This patient was treated with:

- NO TREATMENT WAS PROVIDED
- Azithromycin
- Rocephin
- Flagyl
- Plan B

Please contact your local Health Department: _____

- Call for an appointment
- As soon as possible for treatment and/or testing.
- Contact them in three months for additional HIV and Hepatitis testing.

Note from Nurse to Health Department: _____

You may alternatively follow-up with your OBGYN or primary care provider of choice but please note; charges from these outside entities will come directly to you, of which you will need to submit them thru Crime Victims Compensation.

For additional questions or concerns please contact Cody Schaffer, the Sexual Assault Response Coordinator at The Domestic Violence and Sexual Assault Center at:
208-529-4352.