HOSPITAL CALL SHeeT

Name of Hospital

Hospital Contact Person to Report To:

Location in Hospital:

* Adult ED  Peds ED  Labor and Delivery  Psych ED

Type of Case (i.e. IPV\* or Sexual Assault)

Age of Survivor

Physical Condition of Survivor

Language Survivor Speaks

Translator Available? (if necessary)

What Time Did Survivor Arrive at Hospital?

Who Accompanied Survivor to Hospital?

Is Perpetrator Present?

Any Other Case Specific Information

*\*Intimate Partner Violence (or domestic violence) survivors:*

This includes:

* + husband/wife
  + boyfriend/girlfriend
  + girlfriend/girlfriend
  + boyfriend/boyfriend
  + ex-boyfriend/husband
  + ex-girlfriend/wife

This does not include:

* + other family relationships
  + friends/roommates
  + stranger assaults