

(ADDRESSOGRAPH)

VERMONT SANE PROGRAM Patient Follow Up

Date of E.D. Visit _____ Nurse _____

Phone number where patient can be reached in two weeks _____ Is it safe to leave a message at that number? YES NO (circle)

Date/Time of Follow up _____

1. Did the patient make a follow up appointment? With whom?
2. Is the patient having any problems that need to be addressed regarding his/her physical or mental health in the aftermath of the assault? Any problems with the medication that was given?
3. Are there are questions, problems or suggestions regarding the care the patient received in the Emergency Department?
4. Do you have any feedback you'd like to give to the Rape Crisis Advocate?
5. Additional comments

Documentation added to patient's record _____ (RN initials)

Sexual Assault Nurse Examiner _____ Date _____