SANE Quarterly REPORTS

Hospital: ___________________  Date submitted: ________________  SANE initials: ____________

This report covers *please check*:  ____Jan-March  ____April-June  ____July-Sep  ____Oct-Dec
Year 20____ (please fill in year)

Patients:
#_____ Patients were seen this quarter
Patients’ ages:  #_____ under 15   #_____ 15-18,  #_____ 19-24,  #_____ 25-45  #_____ 46-60  #_____ 60+
#_____ Patients were female
#_____ Patients were male
#_____ Patients were college students

Offenders:
#_____ offenders were male
#_____ offenders were female
#_____ cases had more than one offender
#_____ offenders were intimate partners
#_____ offenders were relatives
#_____ offenders were known (not spouse or relative)
#_____ offenders were unknown

Exams:
#_____ exams were performed by SANEs
#_____ exams were not performed by SANEs
#_____ exams with evidence collection kits
#_____ exams without evidence collection

Reports/calls were made:
#_____ reports were made to DCF
#_____ reports were made to Law Enforcement
#_____ unreported/confidential cases
#_____ calls were made to a crisis organization

Notes from this Quarter: (SANE related activities, testimony, any notes left in individual reports, etc):

Please return this Quarterly Report to Joan Carson by fax: 802-223-6943, email joancarson@vtnetwork.org or mail to:
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