

SAVI Sexual Assault and Violence Intervention Program

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