



Sexual Abuse Medical Assessment Referral

(Referrals should be emailed to office@cambridgeclinic.co.nz
or faxed to 03 366 5448)

Patient name		
Patient DOB		
Address		
Contact phone		
Email		
Names of parents/ current caregivers if <17yr		
Who to contact with appointment time <i>(patient/caregiver/ Oranga Tamariki/Police)</i>		
Brief details of alleged event & date of last contact		
Brief summary of any concerns in relation to patient		
Other agencies involved		
Referrer: Date:	Name:	Organisation:
	Contact details:	

Where possible, it is helpful if young people aged 13-16 years can be accompanied to appointments by a caregiver who can provide some medical history, and are able to co-sign the examination consent form if required

He moana pukepuke e ekengia e te waka

A choppy sea can be navigated