

Counseling:

For crisis intervention and counseling options, call Rape Crisis Center of Central New Mexico (RCCCNM) (505) 266-7711. Health Services:

SANE strongly recommends a follow up with a healthcare provider within 1 month of this visit.

For information on confidential HIV testing and prevention, contact Truman Health Clinic at (505) 272-1312.

Disposition:

_____ ER Home _____ Shelter _____ Other

Police Investigation Information:

Although evidence has been collected, this does not mean a police investigation will occur automatically. If you have not already reported to law enforcement, you will need to call the police and make a report if you choose to have this crime investigated. You must report to the law enforcement agency in the area/district where the sexual assault occurred.

Agency: APD

Telephone Number: 924-6000

Contact Person: N/A

Case Number: N/A

NM DPS Statewide Sexual Assault Tracking System barcode

number: _____ To track your SAEK, go to SAEK.dps.nm.gov or call the relevant police agency, if reported.

Follow-Up Appointments:

Referral given to higher level of medical care

SANE has a follow-up clinic. You can call for a Follow-up appointment or consultation at (505) 248-3171. For additional questions following your exam call 884-7263 or email at: followup@abqsane.org.

Para Los Niños will call you to arrange an appointment for follow-up evaluation.

Please contact Truman Health for nPeP (HIV/AIDS preventative medication) and follow up testing, 505-272-1312, (appointment center) or go to UNMH Emergency Department for weekend nPeP starter pack, or NM DOH also for free, call 505-841-4100-ask for physician consult of the day to give warm handoff and check for availability.

Please contact your private Physician, Planned Parenthood, or NM Dept of Health within 30 days for follow up STI testing.

The nurse has given you verbal and written discharge instructions. All questions have been answered. You have stated that you understand the instructions. You have accepted medications without childproof packaging. Please keep medications out of the reach of children.

Patient Signature: [Signature] Date & Time: 10/6/21, 12 PM

By signing you are agreeing that you understand all instructions given by the nurse and were given numbers to agencies for reference.

Exam Facility: Albuquerque SANE Collaborative Unit Other _____

Print Examiner's name: Jane Doe

Examiner's Signature: [Signature]

If you have any complaints (or wish to file a grievance) pertaining to the care and services received while using the services of Albuquerque SANE, please contact the Director at 505-883-8720 or info@abqsane.org.

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