

Cambridge Clinic Canterbury Ltd

119 Bealey Avenue, Christchurch 8013

Ph: 03 366 0067 Fax: 03 366 5448

Email: office@cambridgeclinic.co.nz

**Sexual Abuse
Medical Assessment Referral****REFERRALS SHOULD BE FAXED TO CAMBRIDGE CLINIC - Fax 03 366 5448
OR SCANNED AND EMAILED - office@cambridgeclinic.co.nz**

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:	Name:	Organisation:
Date:		
	Contact details:	

Children aged 13-16 years should be accompanied to appointment by a caregiver who can provide some medical history and is legally able to sign the examination consent form

DIRECTIONS TO CAMBRIDGE CLINIC

