Female Forensic Medical Examination Adult/Adolescent Sexual Assault Examination

A. General Information Date of Exam:_____ Exam Location:_____. Room:_____

Name of Patient | Case Number | Kit Number

Address | City | Zip Code | County | Phone Number

Age | Date of Birth | Gender (Born as) | Gender (Identify with) | Ethnicity

B. Jurisdiction

1. Have you reported to law enforcement? Y/N If no, do you want to report? Y/N If No: Jane Doe

If Reporting: Agency Name of Officer or Detective

C. Patient Consent

I have been informed that victims of crime are eligible to submit Crime Victims Compensation Claims to the State Victims of Crime (VOC) Restitution fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation. _____

I understand that forensic medical examination for evidence of a sexual assault can, with my consent, be conducted by health care professional to discover and preserve evidence of the assault. If conducted the report of the examination and any evidence will be released to law enforcement authorities. I understand that the examination may include the collection of a reference specimen. _____

I understand that I may withdraw consent at any time for any portion of the examination. _____

I understand the collection of evidence may include photographing injuries and that these Photographs may include genital areas. Photographs may be released to law enforcement authorities upon request. _____

I understand that patient identification may be collected from this report for health and forensic purposes and provided to health authorities and to other persons with a valid interest for demographic, epidemiological, and/or educational studies. _____

I hereby consent to a forensic medical examination for evidence of sexual assault. _____

_____
Signature Date

_____
Witness Date

*I was informed of the discharge instructions and was given a copy of them. _____

D. Patient General History

1. Name of Person Providing History: Relationship to Patient:

2. Allergies: ☐No Known Drug Allergies Medications ☐ Does not take any medications

	Contraceptive:

3. Medical Surgical History:

4. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatments that may affect the interpretation of current physical findings?

_____

_____

5. Any pre-existing physical injuries? _____

6. Last menstrual period:
7. Bowel History: Diarrhea (Y) (N), Constipation (Y) (N), Hemorrhoids (Y) (N), Last Bowel Movement:
8. Any previous history of sexual assault, rape, and/or domestic violence?

_____

_____

9. Up to date on vaccinations: _____

E. Pertinent Pre- and Post-Assault Related History

Last Consensual Intercourse prior to assault: Date and Time: Partner:

Greater than 30 days exempt:

Oral	Yes	No	Unsure
Vaginal	Yes	No	Unsure
Anal	Yes	No	Unsure
Object	Yes	No	Unsure
Did ejaculation occur?	Yes	No	Unsure
Was a condom used?	Yes	No	Unsure

Any consensual intercourse between the sexual assault and time of this exam? (Y) (N)

Any voluntary alcohol use within 12 hours prior to the assault?	Yes	No	Unsure
Any voluntary drug use within 96 hours prior to the assault?	Yes	No	Unsure
Any voluntary alcohol or drug use between the time of the assault and the forensic exam?	Yes	No	Unsure

F. Post-Assault Hygiene/Activities

Urinated	Yes	No	Bath or Shower	Yes	No
Defecated	Yes	No	Brushed teeth	Yes	No
Vomited	Yes	No	Ate and/or Drank	Yes	No
Used Genital Wipe	Yes	No	Changed clothing	Yes	No
Douched	Yes	No	Removed anything from vagina	Yes	No

Oral gargle/rinse	Yes	No	Inserted anything in to vagina	Yes	No

G. History of Assault as described by patient

1. Date of Assault(s): _____ Time of Assault(s): _____
2. Physical Surrounding of Assault(s):_____
3. History:

H. Acts of Assault as Described by Patient

Any penetration of the vaginal or anal opening, however slight, constitutes the act. Oral copulation requires only contact. If more than one assailant, identify by number.

1. Penetration of vagina by:

Penis	Yes	No	Unsure
Finger	Yes	No	Unsure
Object	Yes	No	Unsure

Comments or descriptions from patient:

2. Penetration of anus by:

Penis	Yes	No	Unsure
Finger	Yes	No	Unsure
Object	Yes	No	Unsure

Comments or descriptions from patient:

3. Oral copulation of genitals:

Of patient by assailant	Yes	No	Unsure
Of assailant by patient	Yes	No	Unsure

4. Oral copulation of anus:

Of patient by assailant	Yes	No	Unsure
Of assailant by patient	Yes	No	Unsure

5. Non-genital act(s):

Licking	Yes	No	Unsure
Kissing	Yes	No	Unsure
Sucking	Yes	No	Unsure
Biting	Yes	No	Unsure
Injury	Yes	No	Unsure
Other	Yes	No	Unsure

Comments, descriptions, or locations from patient:

6. Did ejaculation occur:
   Yes No Unsure

Comment, description, location as described by patient:

7. Contraceptive or Lubricants:

Condom	Yes	No	Unsure
Lubricant/Jelly	Yes	No	Unsure
Foam	Yes	No	Unsure
Saliva	Yes	No	Unsure

Comments or descriptions from patient:

8. Methods of violence used by Assailant(s):

Weapons	Yes	No	Unsure
Slap	Yes	No	Unsure
Closed fist punch	Yes	No	Unsure
Pinching	Yes	No	Unsure
Grabbing/Holding	Yes	No	Unsure
Physical Restraints	Yes	No	Unsure
Pressure to Neck	Yes	No	Unsure
Burns (chemical/thermal)	Yes	No	Unsure

Comments or descriptions from patient:

Threat(s) of harm	Yes	No	Unsure
Other methods	Yes	No	Unsure

9. Involuntary ingestion of alcohol? Yes No Unsure
10. Involuntary ingestion of drugs? Yes No Unsure
11. Any Memory loss experienced? Yes No Unsure

12. Were injuries inflicted upon the assailant(s) during the assault?
    Yes No Unsure

    If yes, describe injuries, location, and how they were inflicted:

    _____
    _____
    _____

13. Assailant(s) Name | Age | Gender | Ethnicity | Known to Patient

				Known	Unknown
				Known	Unknown
				Known	Unknown

I. General Physical Examination

1. Blood Pressure: Pulse: Respirations: Pulse Ox: Temperature:
2. Stated Height: Stated Weight:
3. Description of general physical appearance:

_____

_____

4. Description of general demeanor:

_____

_____

_____

_____

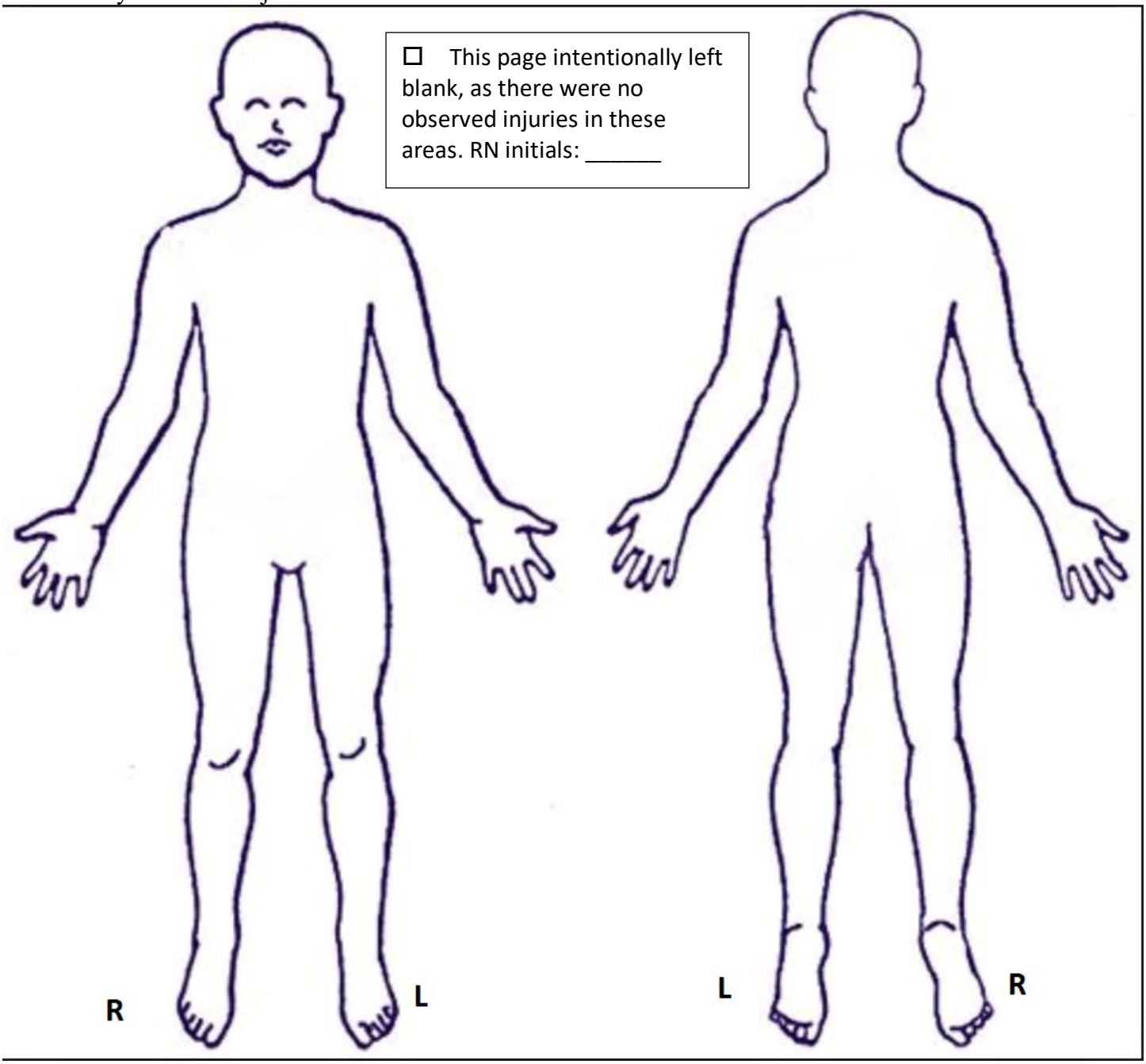
5. Possible Trauma Response Behaviors Observed

Emotional Reactions:	As Observed by:
☐ Fear	
☐ Grief	
☐ Anger	
☐ Guilt	
☐ Depressed	
☐ Helplessness	
☐ Hopelessness	
☐ Emotionally Numb	
☐ Flat Affect	
☐ Overwhelmed	
Cognitive Reactions:	
☐ Trouble concentrating	
☐ Difficulty remembering things	
☐ Confusion	
☐ Difficulty making decisions	
☐ Preoccupation with the event	
☐ Questioning beliefs	
☐ Attention span issues	
☐ Self-blame	
Physical Reactions:	
☐ Tension	
☐ Restlessness	
☐ Fatigue	
☐ Sleep disturbances	
☐ Changes in appetite	
☐ Racing Heartbeat	
☐ Nausea	
☐ Headaches	
☐ Startle Response	
☐ Nervous tendencies	
Interpersonal Reactions:	
☐ Distrustful	
☐ Irritability	
☐ Crying Easily	
☐ Withdrawal from others	
☐ Feeling rejected or abandoned by others	

☐ Guarded interactions with others	
☐ Need to control all situations	
☐ Poor eye contact	

Only document injuries once

☐ This page intentionally left blank, as there were no observed injuries in these areas. RN initials: _____



A B

AB: Abrasion	EC: Ecchymosis	LA: Laceration
BI: Bite	ER: Erythema	MS: Moist secretions
BU: Burn	FB: Foreign Body	OI: Other Injury
BR: Bruise	HI: Healed Injury or Scar	PE: Petechiae
DE: Debris	IN: Induration	SW: Swelling
DS: Dry secretion	IW: Incised Wound	TE: Tenderness

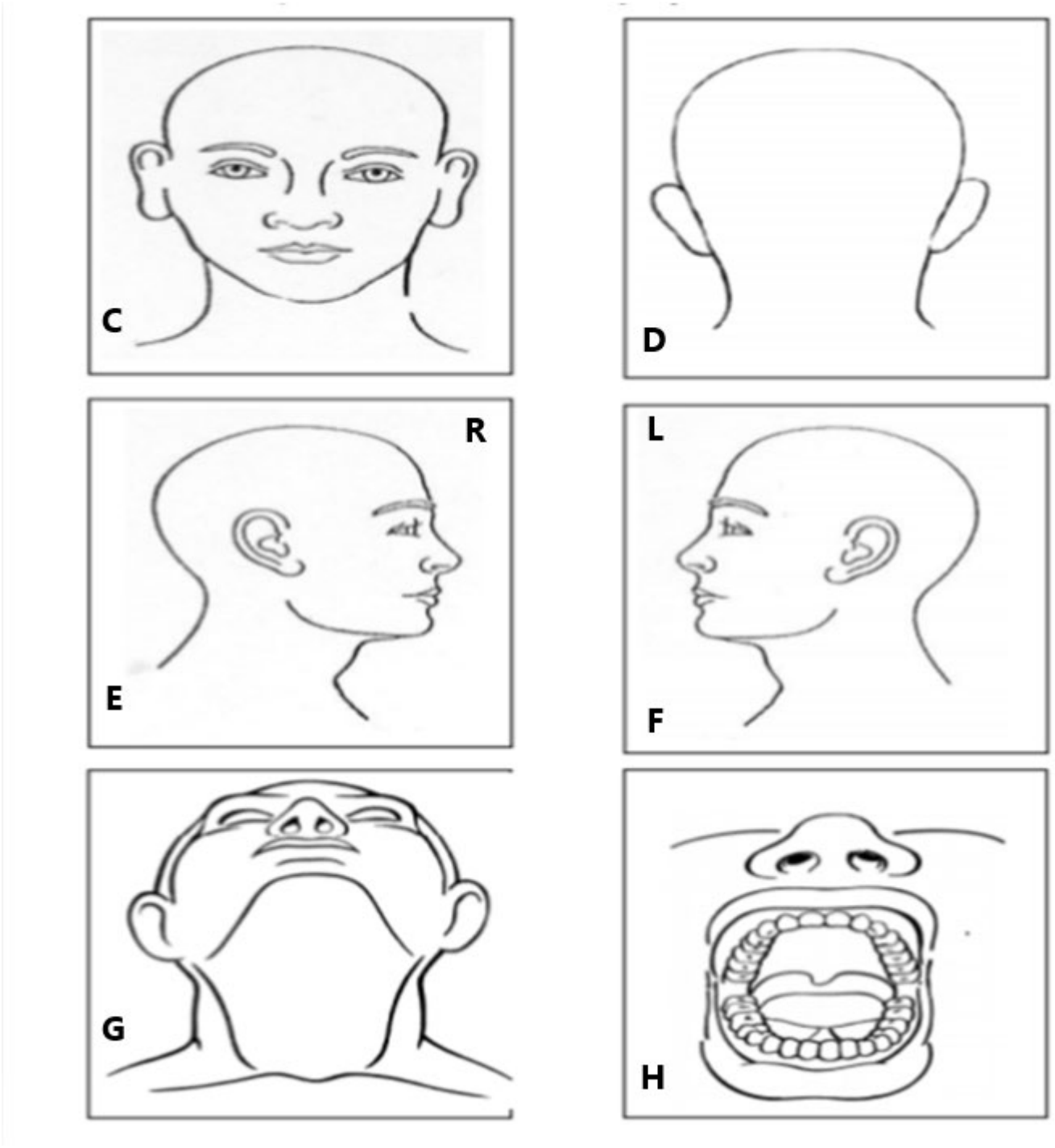
Locator Number:	Type:	Description:

Nurse Signature: Patient Name:

Date:

J. Head, Neck, and Oral Examination

1. Examine the face, head, hair, and neck for injury and foreign materials.
2. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.
3. Examine the oral cavity for injury and foreign materials.



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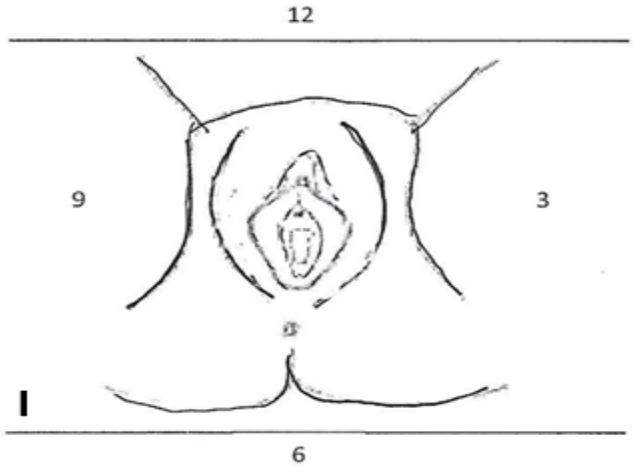
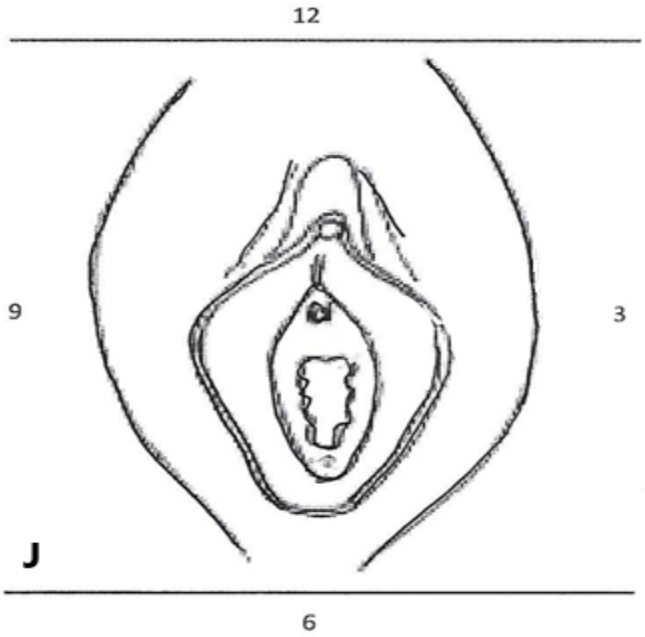
K. Genital Examination





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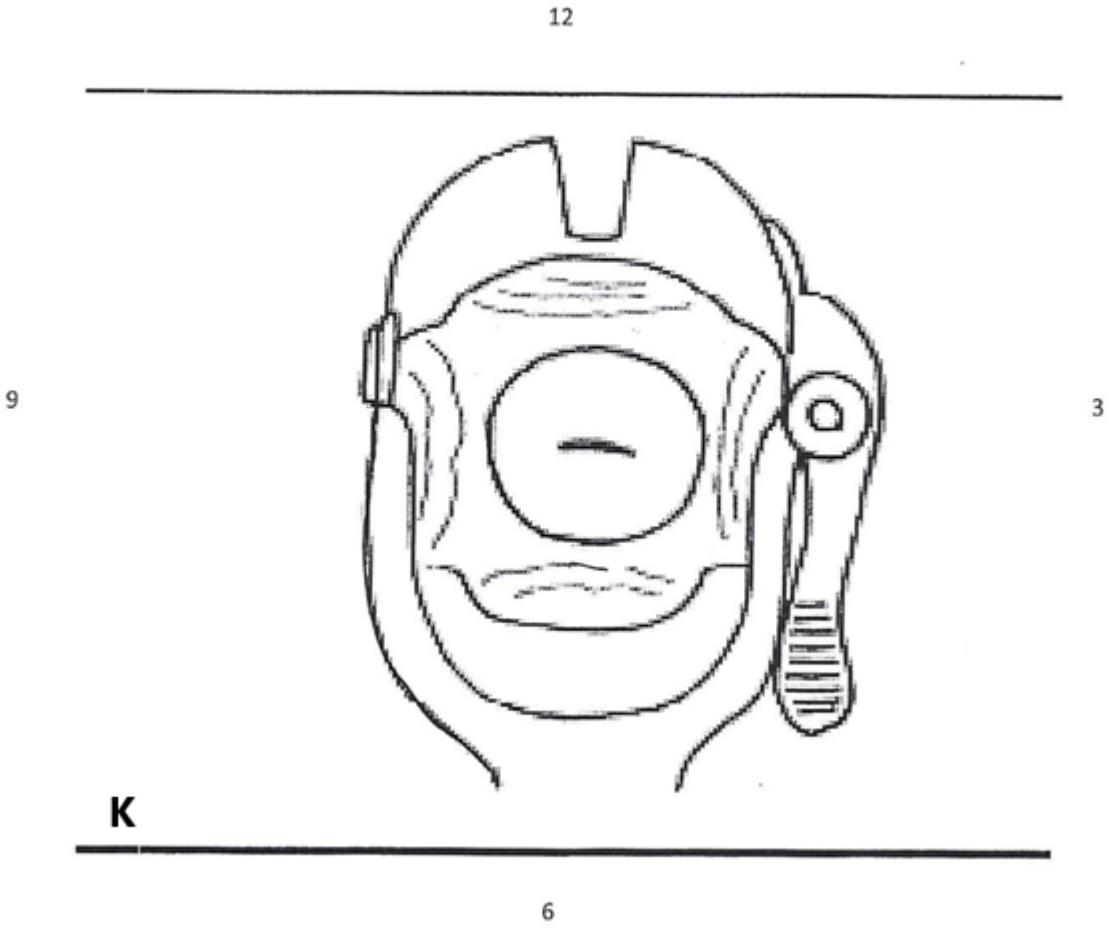

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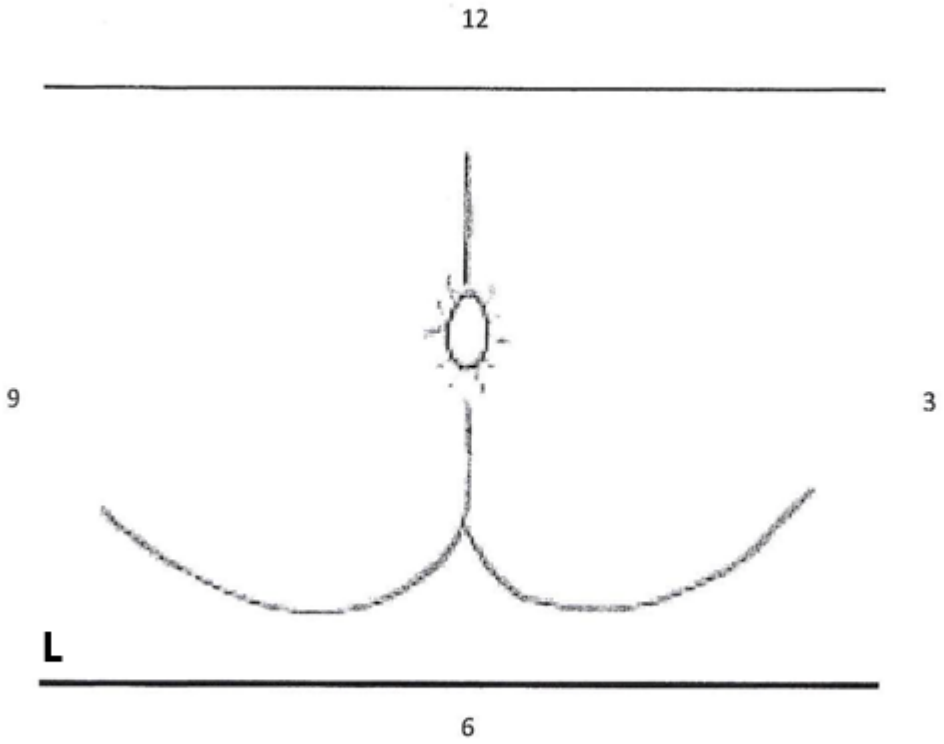

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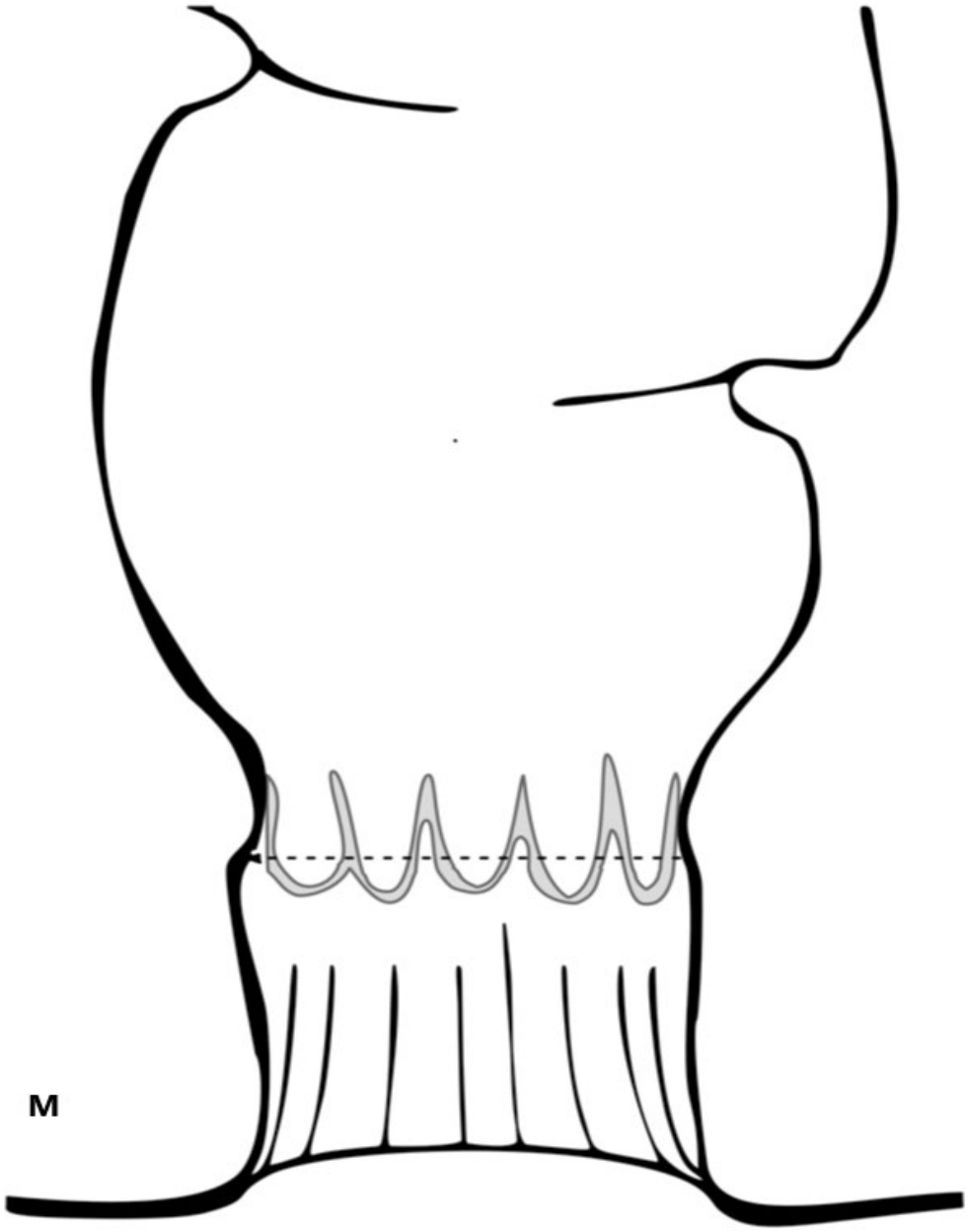

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L. Examination Method and Tools Used

1. Visualization method: Direct Visualization Colposcope Other Magnification: _____

2. Tools used during examination: Foley Balloon Speculum Anoscope Toluidine Blue Fox tail swab
   Ring Forceps

3. Examination positions:

Supine:	Separation	Traction	Knee Chest
Prone:	Separation	Traction	Knee Chest
L or R Side lying:	Separation	Traction	Knee Chest

4. Photo Documentation:
   Date and Time on Camera: _____

Camera Used	Number of Images
☐ Cortex Flow	
☐ DSLR	
☐ EVA	
☐ Other	

M. Plan of Care

Lab Testing Performed ☐Patient declined testing

	Chlamydia/Gonorrhea	Urine / Vaginal Swab
	Syphilis	
	HIV	
	Pregnancy	Urine / Blood. + or -

Prophylactic Medications ☐Patient declined medications

	Azithromycin 1 gm PO	
	Ceftriaxone 500mg IM	Location:
	Metronidazole 2 grams PO	
	Emergency Contraception	
	Promethazine 12.5mg or 25mg	

☐Testing and medications provided by referring healthcare system. Name of healthcare system: _____

List alternative interventions as applicable or additional education provided:

_____
_____
_____
_____

Safety Plan:

_____

_____

Phone number for advocate to call: _____

N. Evidence Collected and Submitted

1. Clothing: Placed in evidence bags by: ☐No clothing collected

Clothing Collected:	Condition of clothing:

2. Foreign Materials Collected Describe, if needed

Swabs	Yes	No	N/A	
Dried secretions	Yes	No	N/A	
Fibers/loose hairs	Yes	No	N/A	
Vegetation (soil/debris)	Yes	No	N/A	
Fingernail swabbing	Yes	No	N/A	
Matted hair cuttings	Yes	No	N/A	
Pubic hair combings	Yes	No	N/A	
Intra-vaginal foreign body	Yes	No	N/A	
Intra-rectal foreign body	Yes	No	N/A	

3. Swab samples (collection guided by patient history) ☐Kit/Swabs not collected

	# of swabs expected	# of swabs collected	Time Collected	Reason Not Collected
Oral	4			
Peri-Oral (Mouth)	2			
Neck	2			
Bilateral Breasts	2			
Abdomen	2			
External Genitalia	2			
Vaginal (internal, including cervical)	4			
Anal cavity (~first inch)	4			
Rectal cavity (past 2nd sphincter)	4			

Known Blood Card Collected? Yes No Time Collected: _____ Reason Not Collected: _____

Date and Time when kit repackaging started: _____

4. Toxicology Samples: Yes No Blood: Time collected: _____ Collected by: _____
Urine: Time collected: _____ Collected by: _____

O. Personnel Involved

History taken by:_____
Exam Performed by: _____
Specimens labeled and sealed by: _____
Signature of Sexual Assault Examiner: _____
Assisted by: _____

P. Evidence Distribution

☐Evidence picked up by LE

☐Evidence placed in DVSAC Evidence Locker

**If placed in evidence locker – was LE notified? Yes No How was LE notified? _____ Code for locker: _____

Distribution of Evidence: (Indicate what was provided to LE)

Evidence Kit ☐SAECK ☐Manual	
Blood/DNA card	
Clothing Bags	# of bags
Urine Toxicology	
Blood Toxicology	
Copy of Chart	

Signature of Officer Receiving Evidence Badge Number Agency Date and Time

Printed Name of Office Receiving Evidence