

SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient:	DOB:	Arrival Date & Time:
ED RN/SANE/SAFE:		Arrival Date & Time:

SEXUAL ASSAULT FORENSIC EXAMINATION HISTORY

PATIENT HISTORY OF ASSAULT: (Patient's own words)	Y=yes	N=no	U=unknown	Y	N	U
Assault Date: _____ Time: _____	VAGINAL CONTACT					
Address of assault:	Penis					
County/City:	Finger / Hand					
	Foreign Object					
	Describe Object:					
	ANAL CONTACT					
	Penis					
	Finger/ Hand					
	Foreign Object					
	Describe Object:					
	ORAL COPULATION OF GENITALS					
	Patient to assailant					
	Assailant to patient					
	ORAL COPULATION OF ANUS					
	Patient to assailant					
	Assailant to patient					
	OTHER GENITAL /CONTACT					
	Patient to assailant					
	Assailant to patient					
	EJACULATION reported: <input type="checkbox"/> Oral <input type="checkbox"/> Vag <input type="checkbox"/> Rectal <input type="checkbox"/> Other:					
	Foam, jelly, or condom used					
	Other oral contact:					
	Biting					
	Strangulation					
	Loss of Consciousness:					
	Physical Threat: (describe)					
	Verbal Threat: (describe)					
	Weapon Used:					
IDENTITY OF REPORTED ASSAILANT(S), IF KNOWN:	AGE	SEX	RACE	RELATIONSHIP TO PATIENT:	# OF ASSAILANTS	

POST ASSAULT HYGIENE / ACTIVITY	Y	N	U	POST ASSAULT HYGIENE/ACTIVITY	Y	N	U
Urinated				Removed / Inserted tampon			
Defecated				Brushed teeth			
Genital Wipe / Wash / Douche				Oral gargle / Swish			
Bath / Shower				Changed Clothing			

ED RN/SANE/SAFE Signature:	Date:	Time:
----------------------------	-------	-------

SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient:	ED RN/SANE/SAFE:
-----------------	-------------------------

SEXUAL ASSAULT PHYSICAL ASSESSMENT

See EHR for Allergies; Medical History; Medications/Immunizations; Medical / Surgical & OB History; and LMP

PHYSICAL EXAMINATION	Time:	General: <input type="checkbox"/> Alert, oriented <input type="checkbox"/> Altered:
----------------------	-------	-------------------------------------------------------------------------------------

Responds to Questioning:
 Readily Briefly Reluctantly Non-verbally With eye contact Minimal eye contact No eye contact

<i>Pain Score:</i>	<i>Temperature:</i> <i>Oral / Temporal / Tympanic / Rectal</i>	<i>HR</i>	<i>RR</i>	<i>B/P</i>	<i>Wgt</i>	<i>Hgt</i>
--------------------	----------------------------------------------------------------	-----------	-----------	------------	------------	------------

Explanation Key:	<i>Blank – Indicates no abnormality</i>	✓ Indicates Pertinent findings – Additional or Abnormal
Skin	Well hydrated, good turgor No rash/bruises/lacerations/abrasions	
Head / Eyes	Atraumatic skull PERRL, EOM's Intact	
Ears / Nose / Oral Pharynx	Ear canals clear / TM's clear Nose / Oral Pharynx clear	
Neck / Back	Supple, full range of motion Non tender, no masses	
Chest	Breath sounds equal, clear bilaterally No distress/retractions / non tender	
Heart	Regular rate, No murmur/gallop	
Abdomen	Soft, nontender, no masses/distension Bowel sounds present	
Genitalia / Anus		See following pages
Extremities / Hips	Strength symmetrical, full ROM Non tender	
Neurologic	No focal findings Oriented, comprehensible, obeys commands, localizes pain	
Emotional Status	Affect appropriate for situation & culture. Participates in plan of care.	

ED RN/SANE/SAFE Signature:	Date:	Time:
-----------------------------------	--------------	--------------

SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient:	ED RN/SANE/SAFE:
----------	------------------

PHYSICAL INJURY DOCUMENTATION

Document results of examination in appropriate area X = Within Normal Limits (WNL) *= Abnormal (ABN)

Female	WNL	ABN	Description of Findings: Visual Exam	Description of Findings: Photographic/Colposcope exam
Labia Majora				
Clitoris				
Labia Minora				
Periurethral				
Perihymenal Tissue				
Posterior Fourchette				
Fossa navicularis				
Vagina				
Cervix				
Buttock				
Perianal Tissue				
Anus				
Rectal Tone				
Male	WNL	ABN	Description of Findings: Visual Exam	Description of Findings: Photographic/Colposcope exam
Penis			(circumcised/uncircumcised)	
Scrotum				
Anus				
Buttocks				
Rectal Tone				

ED RN/SANE/SAFE Signature:	Date:	Time:
----------------------------	-------	-------

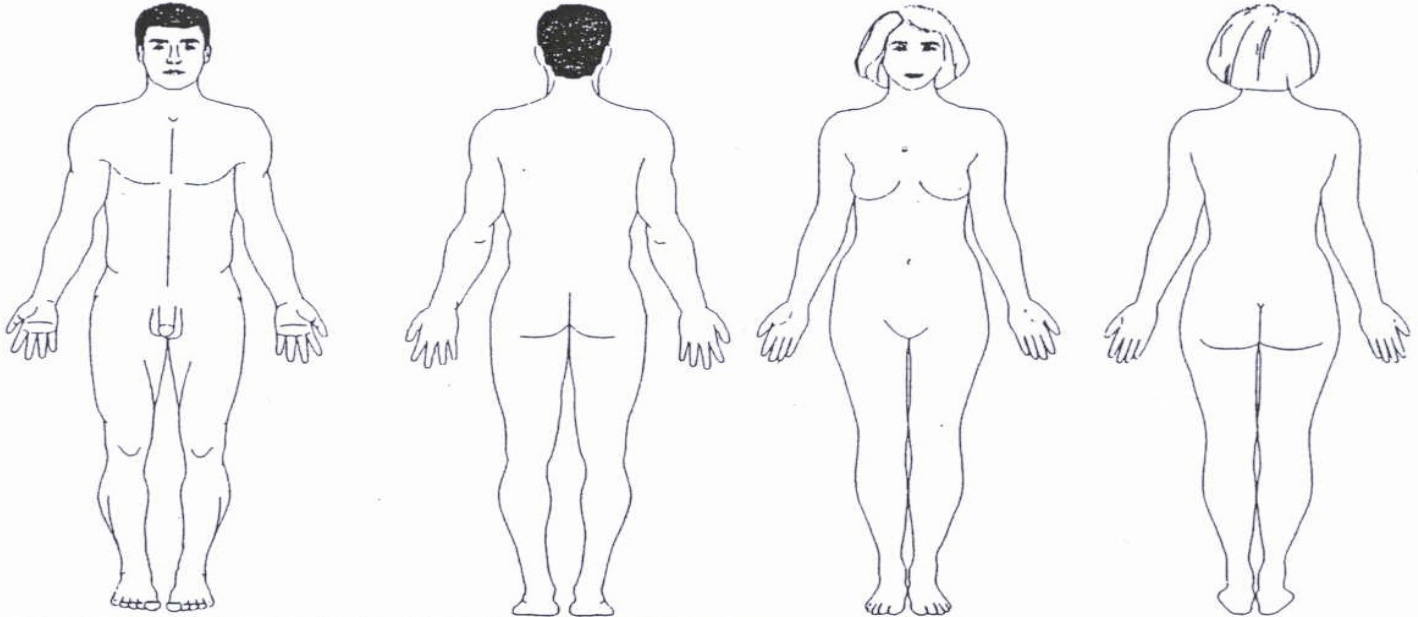
SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient:

ED RN/SANE/SAFE:

PHYSICAL INJURY DIAGRAM AND DOCUMENTATION

Describe physical injury and abnormal findings



ED RN/SANE/SAFE Signature:

Date:

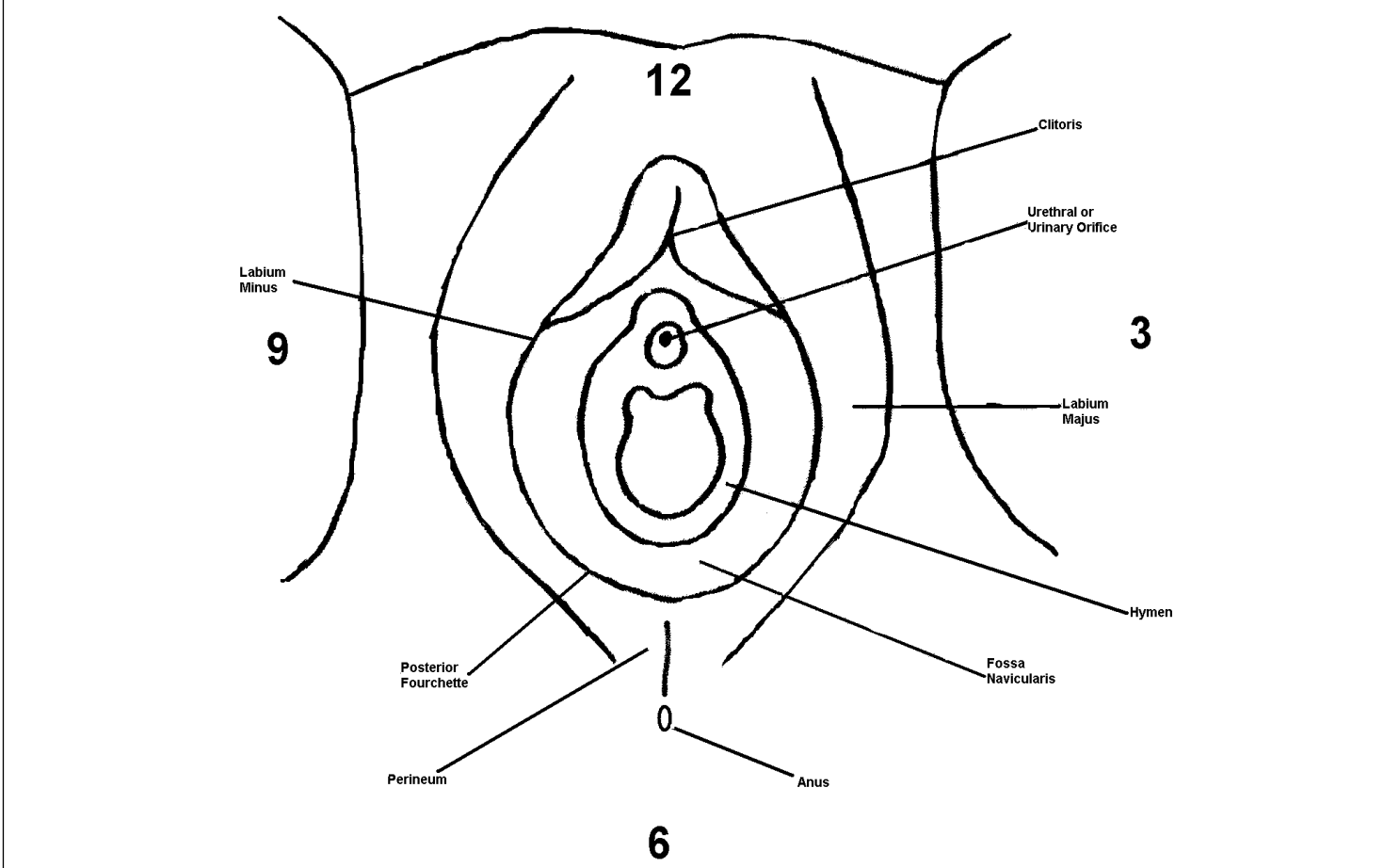
Time:

SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient:	ED RN/SANE/SAFE:
----------	------------------

FEMALE GENITALIA INJURY DIAGRAM AND DOCUMENTATION

Describe and graph any evidence of physical injury, or any fluorescence on genitalia, perineum, and buttocks. (Document any abnormal findings)



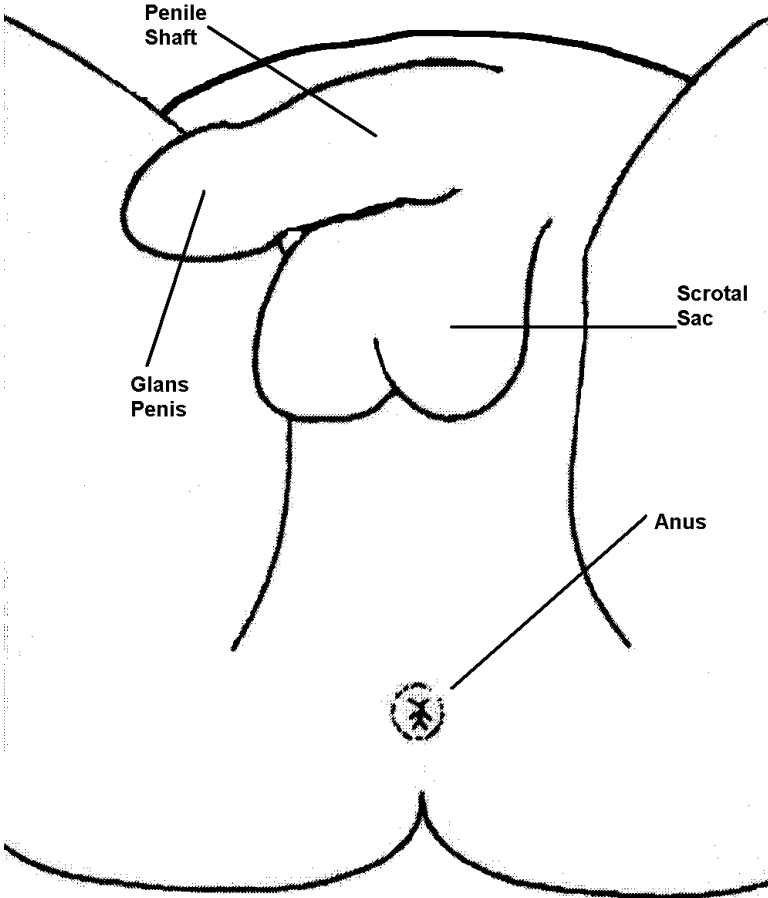
ED RN/SANE/SAFE Signature:	Date:	Time:
----------------------------	-------	-------

SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient:	ED RN/SANE/SAFE:
----------	------------------

MALE GENITALIA INJURY DIAGRAM AND DOCUMENTATION

Describe and graph any evidence of physical injury, or any fluorescence on genitalia, perineum, and buttocks. (Document any abnormal findings.)



ED RN/SANE/SAFE Signature:	Date:	Time:
----------------------------	-------	-------

SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient:	ED RN/SANE/SAFE:
-----------------	-------------------------

STRANGULATION DOCUMENTATION

The following are a list of potential complaints or injuries a patient may experience if they state they were "choked" and/or strangled. Examiner must check the following locations for signs of strangulation injuries: **Behind the ears, back of neck, chest and shoulder areas, eyelids (above and under), sclera of eyes, jaw and upper chin, face, roof of mouth, and scalp.**

Is the patient reporting any of the following? Mark all that apply:

- LOC
- Lightheadedness
- Breathing difficulties
- Involuntary urination/defecation
- Difficulty/pain with swallowing
- Loss of memory
- Loss of voice or voice changes
- Coughing
- Drooling
- Persistent throat pain

Physical Exam Findings Mark all that apply:

- Swelling/edema: _____
- Neck circumference _____
(Take photo of neck measurement)
- Hyperventilation
- Dyspnea/apnea
- Stridor/wheezing
- Combativeness/irritability/restlessness
- Uncontrollable shaking
- Loss of voice or voice changes
- Coughing
- Drooling
- Difficulty swallowing
- Petechiae (inside mouth, face, behind ears, neck, scalp, and on body if applicable)

Was the patient:

Shaken during strangulation? Describe: _____

Threatened during the strangulation? Describe: _____

Wearing jewelry or clothing around neck? Describe: _____

Estimated length of time during strangulation? _____

Was assailant wearing any jewelry on their hands during the assault?

Yes No

Method of strangulation:

One hand: Left / Right Two hands

Approached from **FRONT** or **BEHIND**

Ligature, Describe: _____

Other _____

Pain during strangulation: (0/10) _____

Pressure during strangulation: (0/10) _____

What was assailant saying during strangulation? _____

What did assailant look like during strangulation? What

made assailant stop? _____

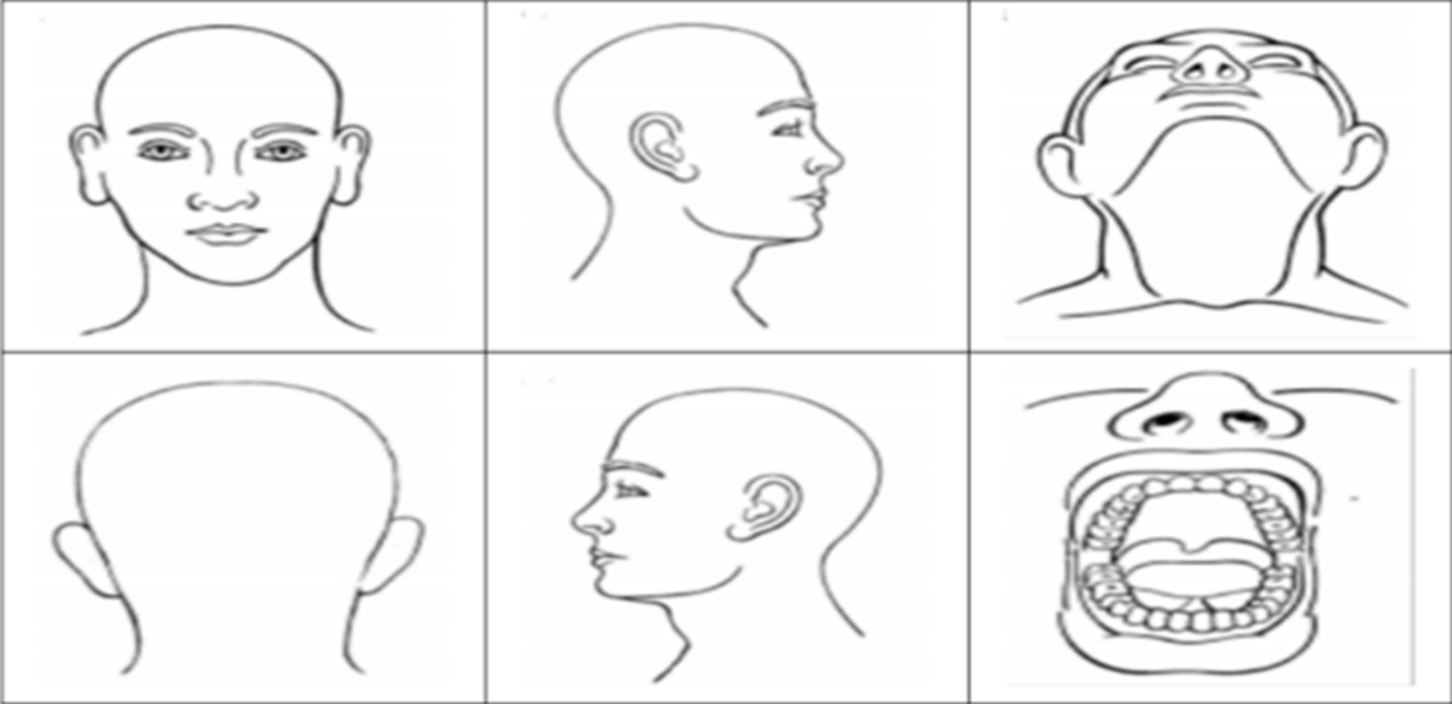
What was victim thinking during strangulation? _____

ED RN/SANE/SAFE Signature:	Date:	Time:
-----------------------------------	--------------	--------------

SEXUAL ASSAULT FORENSIC HISTORY & PHYSICAL EXAMINATION

Patient: _____ ED RN/SANE/SAFE: _____

STRANGULATION DIAGRAMS



ED RN/SANE/SAFE Signature: _____ Date: _____ Time: _____

