



Forensic Services
Patient Information and Sexual Assault History Form

STEP 1

1. Patient Name: _____ Patient Age: _____
2. Patient's Race: _____
3. Patient's Gender: Female Male Transgender (M to F) Transgender (F to M)
4. Date and Time of Assault: /_____/_____ at ____:____ AM/PM
5. Number of Assailants, if known: _____ Race/Gender of assailants, if known: _____
6. Was there **PENILE** penetration of:
Vagina Yes No Unknown
Anus/Rectum Yes No Unknown
Mouth Yes No Unknown
7. Was there ejaculation in:
Vagina Yes No Unknown
Anus/Rectum Yes No Unknown
Mouth Yes No Unknown
8. Did assailant have oral contact with patient's genital area? Yes No Unknown
9. Did assailant digitally penetrate the patient's genital area? Yes No Unknown
10. Did assailant penetrate the patient's genital area with a foreign object? Yes No Unknown
11. Did assailant wear a condom? Yes No Unknown
12. Was there any additional sexual contact: Yes No Unknown
12a. If yes, describe body location and type of contact: _____

13. Did the patient have consensual sex in the 96 hours preceding the exam? Yes No Unknown
13a. If yes, approximately how many hours preceding the assault: _____
13b. If yes, what type of contact did the patient and consensual partner have?
 Oral Vaginal Anal Other: _____
13c. If yes, was the assailant also the consensual partner Yes No Unknown
14. Did the patient receive any injuries that resulted in bleeding? Yes No Unknown
15. Was the patient menstruating at time of the assault? Yes No Unknown
16. If clothing is being collected, was it: Not collected
16a. Worn during the assault? Yes No Unknown
16b. Worn immediately after the assault? Yes No Unknown

STEP 1 – continued

17. If clothing is not being collected, is it available? Yes No Unknown
18. Did the assailant bleed? Yes No Unknown
19. Please CIRCLE any of the following activities the patient engaged in between the time of the assault and the forensic exam:
VOMITED DOUCHED BATHED SHOWERED BRUSHED TEETH USED MOUTHWASH URNINATED DEFECATED
ATE/DRANK CHANGED CLOTHES NONE
20. Is the patient's reference sample (bloodspot card) included, with at least half of the blood spots filled with blood: Yes No
21. Enter patient's *detailed* description of assault; this allows the forensic scientist to determine the best probative swabs for analysis. Please do not indicate "see notes" – this form is the **ONLY** documentation the lab receives.

NOTE: Please properly label all evidence envelopes, mark that 'sample was collected', seal appropriately, and place in kit.

Return this form to the Sexual Assault Evidence Collection Kit

For questions, contact the Idaho SANE/SART Coordinator at (208) 884-7286
Revised 12-31-2020