

SEXUAL ASSAULT EXAM REPORT

Date of Incident: _____ Time of Incident: _____ AM PM Adult (>16 yrs)
 Date of Exam: _____ Time of Exam: _____ AM PM Peds (<16 yrs)

FORENSIC SPECIMANS

BCA:

A. HAIR COMBING
 B. BLOOD TYPE / DNA
 C. BLOOD ETOH / DRUGS
 D. SWAB / SEMINAL FLUID
 Oral Vaginal Penile Rectal Perineal
 Skin, where? _____

E. DFSA TO BCA NO YES
 Yes; Specify: _____
 Yes; Specify: _____

FACNM:

A. BLOOD ETOH / DRUGS No Yes; Results: _____ C. PREGNANCY No Yes; Results: _____
 B. URINE ETOH / DRUGS No Yes; Results: _____ D. OTHER No Yes; Results: _____

PHOTOGRAPHS TAKEN – OBTAIN WRITTEN CONSENT:

No Yes; If yes, describe: _____
 Type of Camera: 35mm Polaroid Digital Colposcope Other
 Disposition of film / disk: _____

CLOTHING OBTAINED AS EVIDENCE:

No Yes; If yes, describe: _____
 Stains on Clothing: No Yes; If yes, note with location: _____

POLICE REPORT:

County / City where offense occurred: _____
 Police Jurisdiction / Precinct: _____ Squad #: _____ Badge #: _____ CC#: _____

PATIENT DISCHARGED TO:

Home Medical admit Psych Admit Other's home Jail / JD Safehouse / Shelter Other
 Home Address: _____ Phone: _____
 Other ways to contact patient: _____ Page / Cell: _____
 Completed by: _____

CHAIN OF EVIDENCE: Placed in locked area by: _____

BCA Lab Specimens and Copy of Hospital Records
 Release to: _____
 Agency: _____
 Released by: _____
 Placed in locked refrigerator by: _____

Clothing
 Release to: _____
 Agency: _____
 Released by: _____

PATIENT LABEL

MEDICAL HISTORY / ALLERGIES:

Chronic Illnesses: _____

Current Medications: _____

ALLERGIES: _____ Past Reactions: _____

Last Tetanus Booster: _____ Immunized for Hepatitis B? No Yes

FEMALE GYN HISTORY:

Date of first day of your last period: _____ Usual # of days between periods: _____

Menses usually lasts (# of days): _____ Periods are usually regular irregular

Last tampon use (date): _____ Regular Super

Contraceptives used: No Yes; if yes, list type (s): _____ Hysterectomy: No Yes

Time since your last sexual encounter prior to exam: _____ > 72 hours Tubal: No Yes

If yes, have you used: condoms (brand _____)

vaginal lubricant (brand _____) spermicidal foam / jelly (brand _____)

douche (brand _____) vaginal suppositories (brand _____)

Number of Assailants: _____

A. Body orifices involved in assault: Vaginal Oral Rectal Unsure

B. Did assailant use a condom? Unsure No Yes; Brand (if known): _____

C. Did penetration take place? Unsure Attempted No Yes; if yes, describe: _____

D. Did ejaculation occur: Unsure No Yes; if yes, specify where: _____

E. Did assailant's mouth have contact with any part of your body? Unsure No Yes

If yes, specify: _____

F. Did your mouth have contact with the assailant's body? Unsure No Yes

If yes, specify: _____

G. Did the assailant sexually assault you in any other way? Unsure No Yes;

If yes, specify: _____

H. Since assault, pt. states that she / he has: Bathed Showered Urinated Douched Had Bowel Movement

I. Did assailant keep anything that belongs to you? (i.e. clothing, jewelry, purse, underwear, etc.)

Unsure No If yes, describe: _____

J. Did you scratch the assailant during the assault: Unsure No Yes; if yes, describe: _____

K. Did you injure the assailant in any other way? Unsure No Yes; if yes, describe: _____

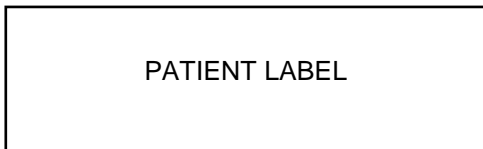
L. Describe any sexual dysfunction reported (i.e. premature ejaculation, difficulty achieving an erection, etc.):

Completed by: _____

(Signature)

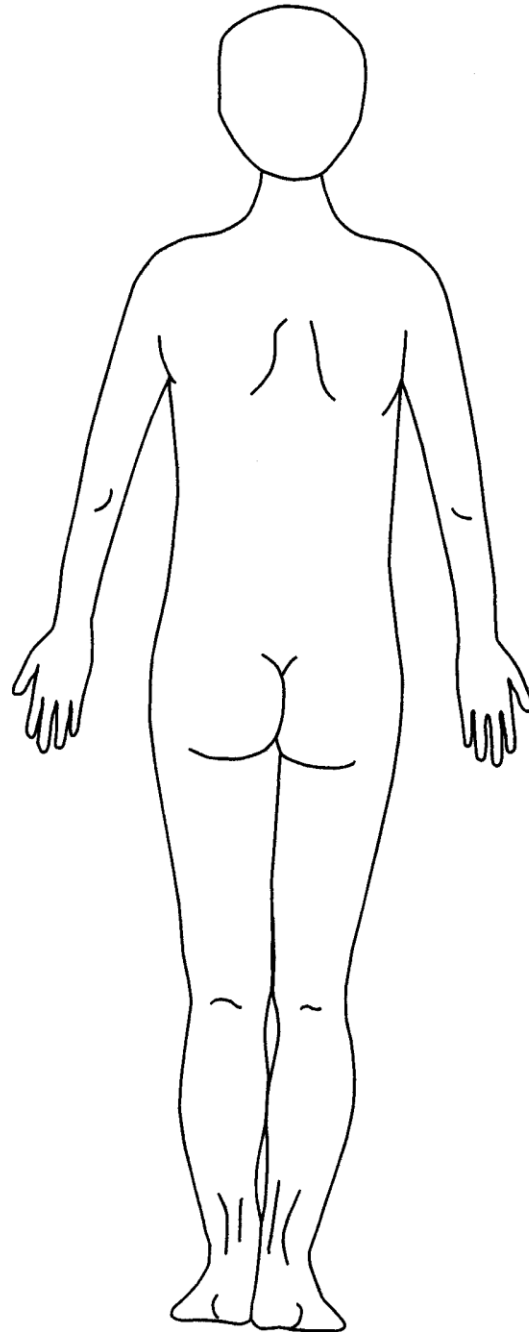
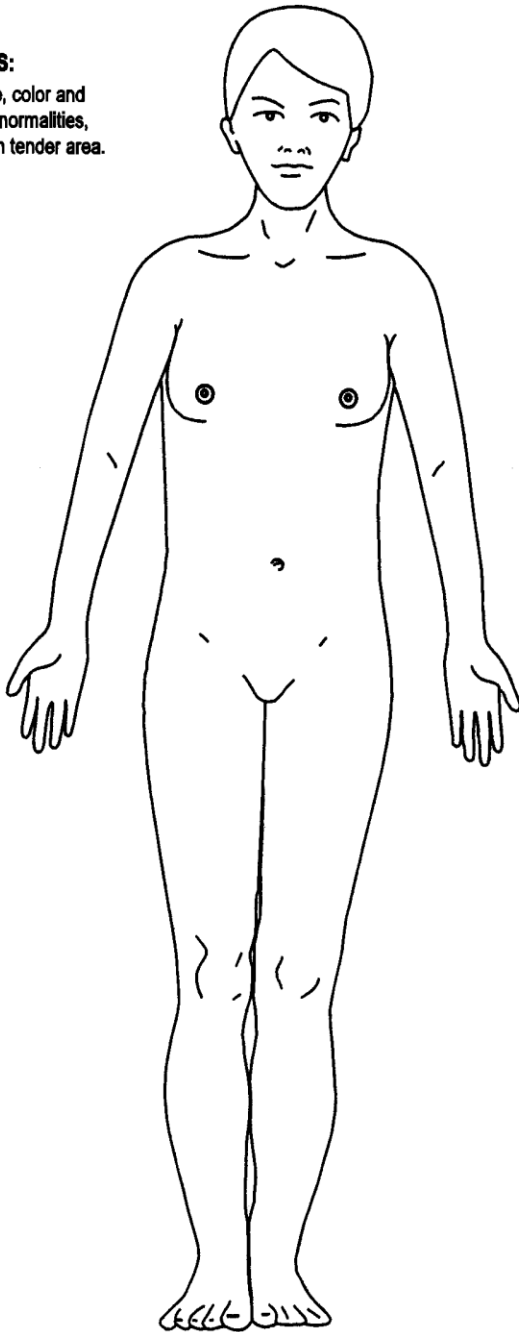
(Print Name)

(Date/Time)



DIAGRAMS:

Indicate size, color and nature of abnormalities, and shade in tender area.



SEXUAL ASSAULT EXAM REPORT

Completed by: _____
(Signature) (Print Name) (Date/Time)

PATIENT LABEL

Is there a referral to ED MD for assessment and / or treatment of injuries? No Yes; if yes specify: _____

Child protection notified: No, not applicable Yes, by: _____
 Adult protection notified: No, not applicable Yes, by: _____

MEDICATIONS:

ALLERGIES: _____ **UPT Results:** _____

ANTIBIOTICS (For prevention of gonorrhea, chlamydia, trichomoniasis and syphilis)

Reviewed with patient, patient declined antibiotic

Administer:

Ceftriaxone (Rocephin) 125 mg IM x 1

PLUS

Azithromycin (Zithromax) 1 gm Orally **or** Doxycycline 100 mg bid x 7 days (Circle option used)

PLUS

Metronidazole (Flagyl) 2 gms Orally x 1

Other: _____

PREGNANCY PREVENTION (Not given beyond 72 hours post sexual contact)

Reviewed with patient, patient declined

Levonorgestrel (Plan B) 0.75 mg 2 tabs now

VACCINES

Hepatitis B. If not immunized, offer Hepatitis B vaccine now.

(Refer to primary clinic for vaccines at 1 month and 6 months.)

Tetanus (If not vaccinated in the past 5 years and there is a break in the skin.)

HIV

Review risk factors with patient, patient declined

Reviewed, 3 day supply given of: Truvada (emtricitabine 200 mg / tenofovir 300 mg): 1 tab PO daily

OTHER (Please list)

1. _____
2. _____
3. _____

Reviewed with patient, patient benefits/risks/side effect of medications provided.

Discharge forms completed and provided to patient.

Case staffed with: _____
 (Signature) (Print Name) (Date/Time)

Evidentiary exam completed by: _____
 (Signature) (Print Name) (Date/Time)

CONSENT TO MEDICAL EXAMINATION, EVIDENCE COLLECTION, AND

