				1		
Name	Gender  □ M □		ge	Time	Date	
Hospital Number						
Police Report Made ☐ Yes ☐ No	Phone				Alternat	e Phone
Police Department Case #	Accompa	inied by			Relation	nship
CPS Report □ Yes □ No	Interpre	ter 🗆	Yes	□ No	Language	
CPS Office Intake Worker	Interpre	Interpreter Name				
CONSENT: EXAMINATION, EVIDENCE COLLECTIO	N, PHOTOG	RAPH'	Y, EMER	GENCY	CONTRACEP	TION
I hereby consent to a forensic medical examination for evidence of sex to collection of (please initial):	xual assault. Tl	ne examir	nation has	been expl	ained to me and I u	inderstand and agree
Swabs, blood sample, hair samples for DNA evidence Urine to test for alcohol or drugs I have taken, or may have been Photographs of body/facial injuries (for police department, if I re Photographs of genital (private parts) and anal areas (for medical	port the assaul	t)				
$\underline{\hspace{1cm}}$ I understand that I may refuse any part of this examination at a	ny time.					
I have been informed that this examination is paid by Washington assistance for medical and counseling expenses, loss of wages and job		victims Co	ompensatio	on and tha	t I may apply for fu	urther CVC financial
I request that <b>emergency contraception</b> ("morning after pill") taken within 72 hours. Information about how this medicine works has						
Release of medical record and evidence to law enforcement –	See HIPAA com	pliant rele	ease form			
Signature of patient (or legal guardian)	,	Witness _			Date	
☐ Patient is a year old minor and demonstrates a level of under maturity consistent with ability to sign for examination and treatment.		Witness				Date
EVID	DENCE TRA	NSFER				
I hereby certify that I have received from				the follow	ing items:	
☐ Evidence kit ☐ Clothing #bags		П	Other	trie rollow	ing items.	
Officer /Dept		Phone				Case#
STAFF INVO	LVED IN M	EDICA	L CARE			
Print name	Title	Departn	nent			Date
Print name	Title	Departn	nent			Date
Print name	Title	Departn	nent			Date
Print name	Title	Departn	nent			Date
Print name	Title	Departn	nent			Date

NAME

**SEXUAL ASSAULT REPORT** 

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Current	History from	ı □ patient	□ other						
concerns									
Perceived needs									
History									
Include pt. quotes as appropriate									
Reporting plans									
Appearance Emotional State									
For children, reason for concern, child's prev. statements, physical & behavioral symptoms									
NUMBER OF A	SSAILANTS	5			TIME SINCE ASSA	NULT hrs /	days (cire	cle one) 🗆	Unk
Age of all	leged 🗆 .	Adult □ Tee	en (13-17) 🗆	Child  Unk			Yes	No	Unk
RELATIONSHIP	□ Frier	nd/acquaintand	ce 🗆 S	tranger	Ejaculation? Site				
	□ Spot	ise current/ex	□ U	nknown/unsure	Condom used?				
	□ Partr	ner current/ex	. 🗆 C	ther	FORCE/COERCIO	N			
	□ Rela				Threat to harm				
TYPE OF CONTA	ACT (by ass	ailant to victin	n)		Restrained	if			
Penis to	□ Vagina	☐ Mouth	□ Anus	□ Other	Weapon If yes,	specity:			
Mouth to	□ Vagina	□ Anus	□ Skin sit		Choked / strangled				
Hand to	□ Vagina	□ Anus	□ Skin	□ Other		nrown			
☐ Foreign object	t/Other cont	act —————			Bitten (human bite)				
□ Not known (	OR /not able	to report				of authority / peer stress)			
					Perceived life threat	•			
Examiner Name	(print)			Signature			Date		

NAME

SEXUAL ASSAULT REPORT

DOB PAGE 2 OF 5 Rev Dec 2005

MENTAL STATUS	Yes	No	Unknown /Unsure	REVIEW OF SYSTEMS	Yes	No	Unknown /Unsure
Alert and oriented x3				Skin injury/pain			
If no, describe				Limb pain/injury			
Impaired consciousness ("out of it") before assault				Headache			
Loss of memory of assault events				Neck/ throat pain			
Partial memory of assault events				Difficulty swallowing			
Recent voluntary substance use				Difficulty breathing at assault/ now			
If yes Specify		•		Nausa/vomiting			
Suspects "date-rape" drug				Abdominal pain			
Forced drug? □ Oral □ Injected				Vaginal bleeding			
Describe				Menstruating now?			
				Rectal bleeding			
				Other			
POST ASSAULT ACTIVITY DID PATIENT	Т			PAST MEDICAL HISTORY			
Rinse mouth /eat/ drink				Significant past medical history/chronic	illnesses/ho	spitaliza	tions
Bathe / shower							
Urinate							
Defecate							
Douche							
Take any medication or substances							
If yes, describe		l.		Primary medical provider			
Change clothes				Current medications			
Bring clothes worn at assault?							
Give clothes to police at scene							
Were clothes damaged in assault?		<b>"</b>	1				
If yes, describe:				<b>Hepatitis vaccine</b> □ Completed 3 c	loses 🗆 No	ot compl	eted/known
PEDIATRIC ADDITIONAL HISTORY				ALLERGIES TO MEDICATION		□ Non	е
Child resides with							
		<u>.</u>		OB/GYN HISTORY			
	□ Yes	□ No	□ Unk	Gravida	Para		
Describe				Past surgery/disease			
				CURRENT CONTRACEPTION  None Cond	om		
Other children at risk		·		☐ Depo provera Last dose date			
				☐ Tubal ligation ☐ OC's	No Misseo	l pills	
				□ Other			
Child interviewed by medical staff	□ Yes	□ No		Last menstrual period			
If yes, attach near-verbatim record				Last consensual intercourse	days wee	eks mo	onths
				□ Not known	□ No pric	r interco	ourse
Examiner Name (print)		Signature			Date		

NAME

SEXUAL ASSAULT REPORT

DOB PAGE 3 OF 5 Rev Dec 2005

PHYSICAL EXAM					
General description of patient (de	meanor, mood,	posture, state	of dress, emotional state during history	and exam, etc.).	Note state of clothing
			T		
Vital signs: BP HR	RR	T			
HEENT					
1122111					
			(a) (a)		16 00
Neck			$(\langle \cdot \rangle)$		(6 2)
			\ <del>=</del> / (		) ( 0)
Chest					
Heart					
			( )		
Abd			74		4 - 1
					<i>)</i> .(
Extremities			()		()
Extremities					11771
			/-//> -//-\		7-V V V-Y
			///		/ // - ` - \\ \
Neuro/Mental status			6(1)	\	
			900 1 1 1 100	9,,	
				W	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
BODY / FACE INJURY PHOTOS	S □ None				)   (
☐ Photo of ID label taken	araid		[7()7]		1 44 1
☐ Digital ☐ 35 mm ☐ Polo Taken by:	oroid		\		\ )( )
			\\		\()/
CODE FOR DRAWING INJURI	ES		) \		MM
A = abrasion	<b>R</b> = Redness		ا (سور) (سبب) R	L L	R (سیا
<b>B</b> = Bite	<b>S</b> = Swelling				
C = Contusion / bruise (indicate color/size)	<b>T</b> = Tenderne	SS			
L = Laceration (indicate size)	SS = Skin sw	ab locations			
Examiner name (print)	<u> </u>	Examiner sig	nature		Date

NAME

SEXUAL ASSAULT REPORT

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Charling used Charling not used			
□ Speculum used □ Speculum not used			
Vulva			
Urethra/Periurethra			, ((
Posterior fourchette/Fossa	// 1		
Hymen			$\frac{1}{2}$
Vagina			
Cervix		/	
Uterus/adnexa □ Bimanual not done	$\rangle$		ຍ
Perineum			
Anus			
COLPOSCOPY/ MAGNIFIED PHOTOS   None	A = abrasion	R = Redness S = Swelling	
□ Photo of ID label taken □ Digital □ 35 mm □ Poloroid	B = Bite C = Contusion / bruise (indicate co	·	
Taken by:	L = Laceration (indicate size)	SS = Skin swab locatio	ne
LAB	NOTE	ES/ PROTOCOL DEVIATIONS	113
□ Pregnancy test Results			
☐ Pregnancy test Results ☐ Gonorrhea ☐ Chlamydia			
	□ see continuation page		
□ Gonorrhea □ Chlamydia	□ see continuation page	MEDICATIONS	
☐ Gonorrhea ☐ Chlamydia ☐ Tox screen ☐ Other  ASSESSMENT	□ see continuation page  Allergies	MEDICATIONS  □ None known	
□ Gonorrhea □ Chlamydia □ Tox screen □ Other			Initials
☐ Gonorrhea ☐ Chlamydia ☐ Tox screen ☐ Other  ASSESSMENT  1	Allergies	□ None known	Initials
Gonorrhea Chlamydia Tox screen Other  ASSESSMENT  1. (History, concern, report of sexual assault)  2. (Acute physical findings)	Allergies  Indication	□ None known  Medication/Dose	Initials
Gonorrhea Chlamydia Tox screen Other  ASSESSMENT  1. (History, concern, report of sexual assault)  2. (Acute physical findings)  3. (Other findings / medical conditions)	Allergies  Indication  Chlamydia prophylaxis	□ None known  Medication/Dose  □ Azithromycin 1 gm po □ Ciprofloxacin 400 mg po <or></or>	Initials
Gonorrhea Chlamydia Tox screen Other  ASSESSMENT  1. (History, concern, report of sexual assault)  2. (Acute physical findings)  3. (Other findings / medical conditions)  4. Evidence collected	Allergies  Indication  Chlamydia prophylaxis  Gonorrhea prophylaxis  Emergency contraception	□ None known  Medication/Dose  □ Azithromycin 1 gm po □ Ciprofloxacin 400 mg po <or> □ Ceftriaxone 125 mg IM <or> □ Levonorgestral (Plan B)</or></or>	Initials
Gonorrhea Chlamydia Tox screen Other  ASSESSMENT  1. (History, concern, report of sexual assault)  2. (Acute physical findings)  3. (Other findings / medical conditions)	Allergies  Indication  Chlamydia prophylaxis  Gonorrhea prophylaxis  Emergency contraception (2 <sup>nd</sup> dose in 12 hours)	□ None known  Medication/Dose  □ Azithromycin 1 gm po □ Ciprofloxacin 400 mg po <or> □ Ceftriaxone 125 mg IM <or> □ Levonorgestral (Plan B) 0.75 mg x 2 PO</or></or>	Initials
□ Gonorrhea □ Chlamydia □ Tox screen □ Other   ASSESSMENT  1	Allergies  Indication  Chlamydia prophylaxis  Gonorrhea prophylaxis  Emergency contraception (2 <sup>nd</sup> dose in 12 hours)  Hepatitis B Vaccine  Open wound (s)	□ None known  Medication/Dose  □ Azithromycin 1 gm po □ Ciprofloxacin 400 mg po <or> □ Ceftriaxone 125 mg IM <or> □ Levonorgestral (Plan B) 0.75 mg x 2 PO □ Hep B Vac. 1.0 ml IM deltoid □ Tetanus toxoid</or></or>	Initials
□ Gonorrhea □ Chlamydia □ Tox screen □ Other   ASSESSMENT  1	Allergies  Indication  Chlamydia prophylaxis  Gonorrhea prophylaxis  Emergency contraception (2 <sup>nd</sup> dose in 12 hours)  Hepatitis B Vaccine  Open wound (s) No tetanus imuz >5 years	□ None known  Medication/Dose  □ Azithromycin 1 gm po □ Ciprofloxacin 400 mg po <or> □ Ceftriaxone 125 mg IM <or> □ Levonorgestral (Plan B) 0.75 mg x 2 PO □ Hep B Vac. 1.0 ml IM deltoid □ Tetanus toxoid</or></or>	Initials
Gonorrhea	Allergies  Indication  Chlamydia prophylaxis  Gonorrhea prophylaxis  Emergency contraception (2 <sup>nd</sup> dose in 12 hours)  Hepatitis B Vaccine  Open wound (s) No tetanus imuz >5 years	□ None known  Medication/Dose  □ Azithromycin 1 gm po □ Ciprofloxacin 400 mg po <or> □ Ceftriaxone 125 mg IM <or> □ Levonorgestral (Plan B) 0.75 mg x 2 PO □ Hep B Vac. 1.0 ml IM deltoid □ Tetanus toxoid</or></or>	Initials  Date/Time

NAME DOB