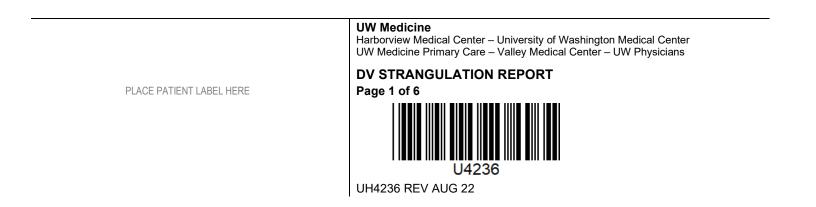
DV STRANGULATION REPORT

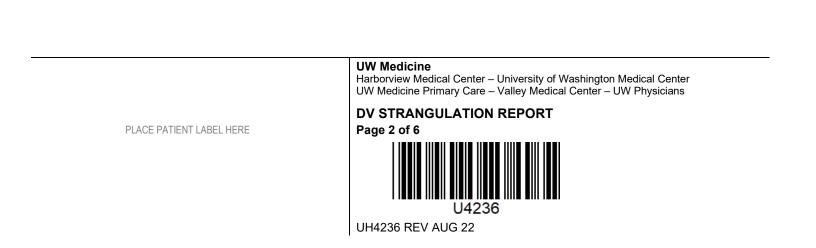
PATIENT INFORMATION / MEDICAL

Patient Information				
Name			Date	Time
HMC #	DOB	Address	Apt. #	
Gender	Preferred Pronouns	City	State	Zip
Phone Number C)kay to Leave Msg? 🗌 Yes 🗌 No	Email		
Accompanied by		Relationship		
Preferred Contact C	Okay to Leave Msg? 🗌 Yes 🗌 No	Relationship		
Police Report Made Police Dept	🔄 Yes 🔄 No 🔄 Unk	Primary Language	Interpreter I	Jsed 🔄 Yes 🔄 No
Case Number		Name of Interpreter:		
Current Concern				
Medical History				
•	ospitalizations, Chronic Illness			No Medical Hx
PCP:		Clinic:		
Current Contraception	□ N/A	Currently Pregnant Yes	s 🔄 No 🛛 If Yes	, # of Weeks
OC's: Missed Pills?	_ []IUD: xyrs [] Condoms	Receiving Prenatal Care		Yes No Unk
Contraceptive Implant	Other:	Is Assailant Aware of Preg G P	nancy	Yes 🗌 No 🗌 Unk
LMP:	No Menarche	<u> </u>		
Medications				
List				No Medications
Currently Taking: 🗌 Yes 🗌] No 🗌 Unk			
Examiner Name (Print)	Sign	ature		Date



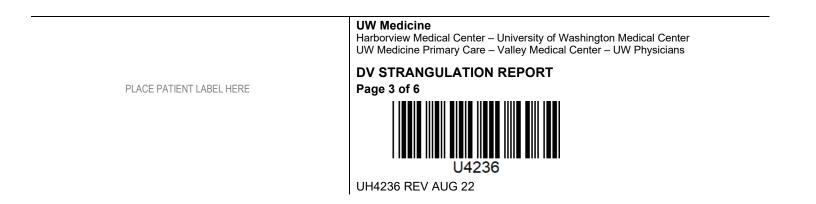
ASSAULT HISTORY / RISK ASSESSMENT

Assault History				
Date/Time of Current Assault	Hours Since A	ssault	Location of Assault	
			🗌 Own Home 🗌 Other Home	Other
Pt Relationship to Assailant	Length of Rela	ationship	# of Past DV Assaults	Date of last DV Assault
IPV History	L			
Verbal Abuse Threats	Stalking	Physical Assault	: 🗌 Strangulation 🔲 Use of Wea	pon 🗌 Financial Abuse
Other		# of Reported [DV Assaults # of Unreported	DV Assaults
Substance Use at Time of As	sault			
By Patient 🗌 Yes 🗌 No 🗌 U	Ink		By Assailant 🗌 Yes 🗌 No 🗌 Ur	k
Type Amt		Time	Type Amt	Time
Use of Force (Current Assaul	t)		•	
Restrained Hit Kic	cked 🗌 Thro	wn 🗌 Bitten	Strangled Blow to Head	Blow to Abdomen
Other Force (Describe)				
Use of Threats / Harassment	(Current Ass	ault)		
Unwanted Contact 🗌 Yes 🗌				
🗌 In Person 🗌 by Another P	erson 🗌 by 1	Text/Phone 🗌 🤆	on Social Media 🗌 by Email 🔲 (Other
🗌 Threat to Harm 🗌 Threat	to Kill 🗌 Th	reat w/Weapon	Other Threat/Harassment	
Under Surveillance 🗌 Yes 🗌	No 🗌 Unk		Pt Fearful of	Safety 🗌 Yes 🗌 No 🗌 Unk
Minor Children				
Child(ren) within Sight/Sound of	this Assault	🗌 Yes 🗌 No	D 🗌 Unk	
Child(ren) Assaulted/Injured Du				
Photos Taken of Children Y			Photos Taken by:	
CPS Referral Made	Prior CPS Invo		Children are in the Custody of (Nai	me/Relationship)
			Comparthe Dasidas	
	Gender	DOB	Currently Resides	
Examiner Name (Print)		Sign	ature	Date



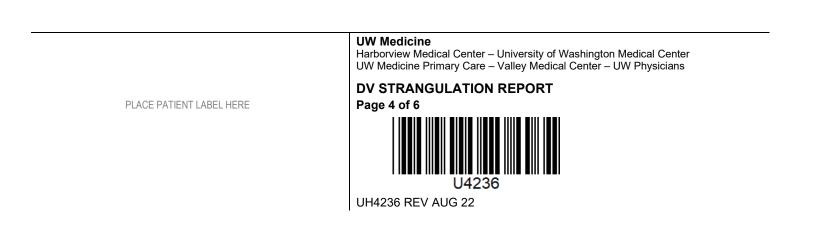
PATIENT NARRATIVE

Present During Exam		
Patient Demeanor		
Patient Narrative		
Examiner Name (Print)	Signature	Date



ASSESSMENT / PLAN

Assessment		Plan	Evidence Collected
1.		 Medical-Surgical Eval Urine Beta HCG Results Imaging Done (Circle): CT / CTA / X-Ray / MRI Other Suicide Assessment Done 	 Clothing Photos Fingertip Swabs Skin Swabs Site(s): Reference Blood Control Swabs Other No Evidence Collected
Strangulation Assessment			
 Strangulation Assessment Done Strangulation Discharge Instructions Rev 	/iewed w/Pt	 Pt Evaluated for Strangulation Pt Referred to ED MD for Stra 	n by ED MD Prior to FNE Arrival ngulation Evaluation
Exam Details			
	lo Medications Given See EMR	Drug Allergies (list)	NKDA NKDA
Time Spent w/Pt and Family (Minutes)		Location of Exam	Other
Case Discussed with (Name of MD):			
Exam Performed by (FNE, MD, other):	Signature		Date/Time
Evidence Packaged by:	Signature		Date/Time
Discharge Plan			
Discharged To: 🗌 Home 🗌 Other		Pt Education and Community Res	ource Materials
Phone (if different from above):		Given: 🗌 Yes 🗌 No	
Follow Up Appointments			
HATC Appointment Date/Time	Other:		
Examiner Name (Print)	Signature		Discharge Time/Date



Strangulation History		
Number of Times Pressure was Applied to Neck		Circle Pt's Estimated Level of Pressure
Once Multiple (#) Unk		1 2 3 4 5
Estimated Time Pressure was applied seconds/	minutes 🗌 Unk	(Light) (Firm) (Crushing)
Method of Strangulation R Hand L Hand	Both Hands Arm	s Chokehold Other Body Part
Ligature Clothing Jewelry Other:		
Details		Describe
Mouth/Nose Covered	Yes No Ur	ık
Pressure on Chest/Abdomen	Yes No Ur	ık
Lifted Off Ground by Neck	🗌 Yes 🗌 No 🗌 Ur	ık
Shaken During the Assault	Yes No Ur	ık
Anything Enter Mouth	Yes No Ur	ık
Head Hit with/into any Object	Yes No Un	k
Did Assailant Make Oral Contact with or Spit on Body	Yes No Un	k
Did Pt Scratch/Hit/Injure Assailant During Assault	Yes No Un	k
Weapon Used During Assault	Yes No Un	k
Did Assailant Say Anything During Assault	Yes No Un	k
What Did Pt Believe Would Happen	Yes No Un	k
How Did Strangulation Stop	Yes No Un	k
Additional Comments		
	c : .	
Examiner Name (Print)	Signature	Date

 PLACE PATIENT LABEL HERE
 UW Medicine Harborview Medical Center – University of Washington Medical Center UW Medicine Primary Care – Valley Medical Center – UW Physicians

 DV STRANGULATION REPORT Page 5 of 6

 UM Medicine Primary Care – Valley Medical Center – UW Physicians

 UV STRANGULATION REPORT

 UM Medicine Primary Care – Valley Medical Center – UW Physicians

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 UM Medicine Primary Care – Valley Medical Center – UW Physicians

 UV STRANGULATION REPORT

 UV STRANGULAT

Symptoms	When Present	Details	
Headache	None During Afte	r 🗌 Now	
Dizzy/Lightheaded	None During Afte	r 🗌 Now	
Loss of Consciousness	None During Afte	r 🗌 Now	
Memory Loss	None During Afte	r 🗌 Now	
Confusion/Agitation	None During Afte	r 🗌 Now	
Weakness/Numbness	None During Afte	r 🗌 Now	
Vision Changes	None During Afte	r 🗌 Now	
Blood in Ears/Nose/Mouth	None During Afte	r 🗌 Now	
Ringing in Ears	None During Afte	r 🗌 Now	
Neck Pain	None During Afte	r 🗌 Now	
Sore Throat	None During Afte	r 🗌 Now	
Difficulty Swallowing	None During Afte	r 🗌 Now	
Pain with Swallowing	None During Afte	r 🗌 Now	
Drool/Excess Saliva	None During Afte	r 🗌 Now	
Tongue Swelling	None During Afte	r 🗌 Now	
Voice Changes/Hoarseness	None During Afte	r 🗌 Now	
Hyperventilation	None During Afte	r 🗌 Now	
Difficulty Breathing	None During Afte	r 🗌 Now	
Coughing	None During Afte	r 🗌 Now	
Coughing up Blood	None During Afte	r 🗌 Now	
Nausea/Vomiting	None During Afte	r 🗌 Now	
Loss of Bladder Control	None During Afte	r 🗌 Now	
Loss of Bowel Control	None During Afte	r 🗌 Now	
Vaginal Bleeding (if pregnant)	None During Afte	r 🗌 Now	
Pelvic Cramping (if pregnant)	None During Afte	r 🗌 Now	
Other Body Pain (describe)	None During Afte	r 🗌 Now	
Other Body Pain (describe) Examiner Name (Print)		r 🗌 Now	at

UW Medicine

Harborview Medical Center – University of Washington Medical Center UW Medicine Primary Care – Valley Medical Center – UW Physicians

PLACE PATIENT LABEL HERE

DV STRANGULATION REPORT



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