

# Oregon Sexual Assault Medical-Forensic Examination Form

Patient Label

Exam Date/Time: \_\_\_\_\_

Forensic Examiner: \_\_\_\_\_

Facility: \_\_\_\_\_

Patient's Preferred Name: \_\_\_\_\_

Patient's Pronouns: \_\_\_\_\_

Date of Assault: \_\_\_\_\_ Time: \_\_\_\_\_ Hours Post Assault: \_\_\_\_\_

OSP SAFE Kit Collected:  Yes: Kit # \_\_\_\_\_  No

Reporting:  Yes  No Agency \_\_\_\_\_ Case # \_\_\_\_\_

Medically screened per protocol (see medical record):  Yes  No

Medical chaperone present for physical exam:  Yes  No

Advocate called:  Yes  No Presence of support person offered:  Yes  No

Advocate present:  Yes  No Support person present:  Yes  No name: \_\_\_\_\_

Others present for exam: \_\_\_\_\_

Interpreter used:  Yes  No Name: \_\_\_\_\_

Language: \_\_\_\_\_

## Mandatory Reporting:

Non-accidental injury ORS 146.750:  No  Yes (*Injury must be reported. Report of sexual assault not mandated.*)

Injury from a deadly weapon:  No  Yes (*Injury must be reported. Report of sexual assault not mandated.*)

Younger than 18 years of age:  No  Yes

65 years of age or older:  No  Yes

Adult aged 18 to 64 meeting mandatory reporting requirements ORS 430.735-430.765:  No  Yes

*If any mandatory reporting box checked yes:*

Agency reported to: \_\_\_\_\_

Report made by: \_\_\_\_\_

Date/time of report: \_\_\_\_\_

Collect oral swabs, then patient may have fluids.  
For reported/suspected drug facilitated sexual assault, collect blood and urine ASAP.  
HIV prophylaxis must be started within 72 hours.

## I. SINCE THE TIME OF THE ASSAULT

### Has the patient done any of the following since the assault?

Changed clothes:  Yes  No

If changed clothes, location and description of clothing:

Brushed teeth:  Yes  No

\_\_\_\_\_

Used mouthwash:  Yes  No

\_\_\_\_\_

Vomited:  Yes  No

Clothing worn at time of assault brought to facility  Yes  No

Drank fluids/eaten:  Yes  No

When was the last bath/shower: \_\_\_\_\_

Bathed/showered:  Yes  No

# baths/showers since assault: \_\_\_\_\_

Urinated:  Yes  No

Defecated:  Yes  No

Douched:  Yes  No

# tampons/pads used since assault: \_\_\_\_\_

Used tampon/pad:  Yes  No

Used enema:  Yes  No

Tampon/pad collected:  Yes  No



### III. PERTINENT/RECENT HEALTH HISTORY

Patient Label

Has the patient undergone recent medical, surgical, or gynecological procedures or treatment which may affect physical findings or evidence collection?  Yes  No  
(describe) \_\_\_\_\_  
\_\_\_\_\_

Patient menstruating at time of assault:  Yes  No  N/A Last menstrual period: \_\_\_\_\_  
Patient currently pregnant:  Yes, # of weeks: \_\_\_\_\_  No  Unknown  
Consensual sexual contact within last five days (120 hours):  Yes (*answer questions below*)  No  
*If yes to consensual sexual contact within last five days:*  
Date/time of last consensual contact: \_\_\_\_\_  
Name(s) of consensual sexual partner(s) within last five days: \_\_\_\_\_  
Type of sexual contact within last five days:  Oral  Vaginal  Anal  
Patient currently using contraception:  Yes, type of contraception used: \_\_\_\_\_  No

### IV. INFORMATION PERTAINING TO ASSAULT

Location of assault: \_\_\_\_\_  
House/apartment, automobile, outdoors, other, unknown: \_\_\_\_\_  
Did patient consume drugs/alcohol prior to assault:  Yes, type/when: \_\_\_\_\_  No  
Did patient consume drugs/alcohol after the assault:  Yes, type/when: \_\_\_\_\_  No

### V. ASSAILANT(S) INFORMATION

Total # of assailants: \_\_\_\_\_

Assailant (a):  
Name: \_\_\_\_\_  Unknown  
Description: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Age: \_\_\_\_\_

Assailant (b):  
Name: \_\_\_\_\_  Unknown  
Description: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Age: \_\_\_\_\_

Assailant (c):  
Name: \_\_\_\_\_  Unknown  
Description: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Age: \_\_\_\_\_

**VI. ACTS DESCRIBED BY THE PATIENT**

Patient Label

Use patient's words for penis, vagina, breast, buttocks, anus, ejaculation, etc.

**Was there penetration:**

Mouth:  Yes  No  Attempted  Unknown  
By assailant:  (a)  (b)  (c)

By:  
 Penis  Finger  Tongue  
 Object/Other: \_\_\_\_\_

Vagina:  Yes  No  Attempted  Unknown  
By assailant:  (a)  (b)  (c)

Penis  Finger  Tongue  
 Object/Other: \_\_\_\_\_

Anus:  Yes  No  Attempted  Unknown  
By assailant:  (a)  (b)  (c)

Penis  Finger  Tongue  
 Object/Other: \_\_\_\_\_

**Did ejaculation occur:**

Mouth:  Yes  No  Unknown  
Anus:  Yes  No  Unknown

Vagina:  Yes  No  Unknown  
External:  Yes  No  Unknown  
*If externally:*  
On patient's body – where? \_\_\_\_\_  
On an item/object – what? \_\_\_\_\_

**During the assault did assailant(s):**

Use a condom:  Yes  No  Unknown \_\_\_\_\_  
Use lubrication (saliva, Vaseline, etc.):  Yes  No  Unknown \_\_\_\_\_  
Kiss, lick, spit, or make other oral contact:  Yes  No  Unknown \_\_\_\_\_  
Touch the patient in any other way:  Yes  No  Unknown \_\_\_\_\_

Any injuries to assailant(s):  Yes  No  Unknown \_\_\_\_\_  
Were acts performed by the patient on the assailant(s):  Yes  No  Unknown \_\_\_\_\_  
 Masturbation  Foreign object(s): \_\_\_\_\_  Other: \_\_\_\_\_

**Weapons/force used?**

Check all that apply per patient report/physical findings; describe the incident/body part involved.

- Strangulation/choking: See strangulation report on next page
- Verbal threats \_\_\_\_\_
- Bites \_\_\_\_\_
- Hitting \_\_\_\_\_
- Gun \_\_\_\_\_
- Knife \_\_\_\_\_
- Blunt object \_\_\_\_\_
- Other weapon \_\_\_\_\_
- Restraints \_\_\_\_\_
- Chemical(s) \_\_\_\_\_
- Other physical force \_\_\_\_\_  
(i.e. grabbed, grasped, held down) \_\_\_\_\_

Any injury to patient needs to be documented on bodygram and injury log.

## VII. STRANGULATION/SUFFOCATION ASSESSMENT

Patient Label

- Patient denies strangulation and/or suffocation occurred
- Examiner assesses no signs or symptoms of strangulation and/or suffocation

*Strangulation and suffocation can cause permanent damage or death if not assessed properly and immediately.*

### Screen for the following and when reported symptoms began (check all that apply and describe):

- |  |   |
|--|---|
| <input type="checkbox"/> Loss of consciousness: _____            | <input type="checkbox"/> Pain/tenderness: _____   |
| <input type="checkbox"/> Involuntary urination/defecation: _____ | <input type="checkbox"/> Swelling/edema of neck/throat: _____   |
| <input type="checkbox"/> Difficulty/pain swallowing: _____       | <input type="checkbox"/> Combativeness/irritability/restlessness: _____                               |
| <input type="checkbox"/> Memory loss: _____                      | <input type="checkbox"/> Uncontrolled shaking: _____  |
| <input type="checkbox"/> Voice loss/changes: _____               | <input type="checkbox"/> Hyperventilation: _____  |
| <input type="checkbox"/> Coughing: _____                         | <input type="checkbox"/> Dyspnea/apnea: _____   |
| <input type="checkbox"/> Drooling: _____                         | <input type="checkbox"/> Petechiae (scalp, eyelids, ears, oral cavity): _____                         |
| <input type="checkbox"/> Persistent throat pain: _____           | <input type="checkbox"/> Bruising: _____  |
| <input type="checkbox"/> Neck pain: _____                        | <input type="checkbox"/> Crepitus: _____  |
| <input type="checkbox"/> Breathing difficulties: _____           | <input type="checkbox"/> Abnormal carotid pulse: _____  |
| <input type="checkbox"/> Nausea/vomiting: _____                  | <input type="checkbox"/> Lightheaded: _____   |
| <input type="checkbox"/> Headache: _____                         | <input type="checkbox"/> Red eyes: <input type="checkbox"/> Right <input type="checkbox"/> Left _____ |
| <input type="checkbox"/> Vision changes: _____                   | <input type="checkbox"/> Numbness/weakness: _____   |

### Patient's description:

Estimated length of time strangulation occurred: \_\_\_\_\_

Number of times patient was strangled during assault: \_\_\_\_\_

Number of different methods used for strangulation during incident: \_\_\_\_\_

Method(s) of strangulation: \_\_\_\_\_

Description of strangulation event(s): \_\_\_\_\_

What did the assailant say to the patient during strangulation? \_\_\_\_\_

What did the patient think was going to happen? \_\_\_\_\_

From 1 to 10, how hard was the assailant's grip (circle number)? 1 2 3 4 5 6 7 8 9 10

How was the patient strangled? (check all that apply)

- |   |                                       |                                    |                                    |
|---|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> One hand                   | <input type="checkbox"/> Right hand   | <input type="checkbox"/> Left hand | <input type="checkbox"/> Two hands |
| <input type="checkbox"/> Right forearm              | <input type="checkbox"/> Left forearm | <input type="checkbox"/> Knee      | <input type="checkbox"/> Foot      |
| <input type="checkbox"/> Ligature (describe): _____ |                                       |                                    | <input type="checkbox"/> Uncertain |

Has patient ever been strangled before?  Yes, when/by whom: \_\_\_\_\_  No

Was the patient shaken during strangulation?  Yes, description: \_\_\_\_\_  No

Did the patient's head strike any surface?  Yes, description: \_\_\_\_\_  No

Was the patient smothered?  Yes, description: \_\_\_\_\_  No

### Follow-up checklist:

- Neck circumference obtained: Date/Time \_\_\_\_\_ Measurement \_\_\_\_\_
- Advanced practitioner/LIP notified
- Patient provided discharge info with signs and symptoms upon which to seek emergency treatment

Patient Label

### VIII. DRUG-FACILITATED SEXUAL ASSAULT ASSESSMENT

Consider collecting blood and urine for alcohol and drug testing as soon as possible if any boxes checked "Yes."

- Patient appears impaired, intoxicated, or has altered mental status:  Yes  No
- Patient reports blackout, memory lapse, or partial or total amnesia for event:  Yes  No
- Patient or other is concerned that he or she may have been drugged:  Yes  No

Suspected substances: \_\_\_\_\_

#### Collected for forensic evidence:

- Blood:  Yes  No, reason: \_\_\_\_\_
- Urine:  Yes  No, reason: \_\_\_\_\_

Drug and alcohol testing may be done for legal purposes. Legal specimens follow a chain of custody and are given to law enforcement, **not** sent to the medical lab. Separate consents for toxicology specimens need not be obtained, but patient should be informed that specimens are obtained.

### XI. HEAD-TO-TOE EXAM

#### Affect assessment:

Describe objective behaviors you observe during exam (i.e. crying, laughing, wringing hands, pacing). Avoid subjective interpretations of patient's mood and behavior (i.e. angry, sad, flat, anxious).

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#### Physical assessment:

WNL Describe (use diagrams for injuries) – if not assessed, note not assessed.

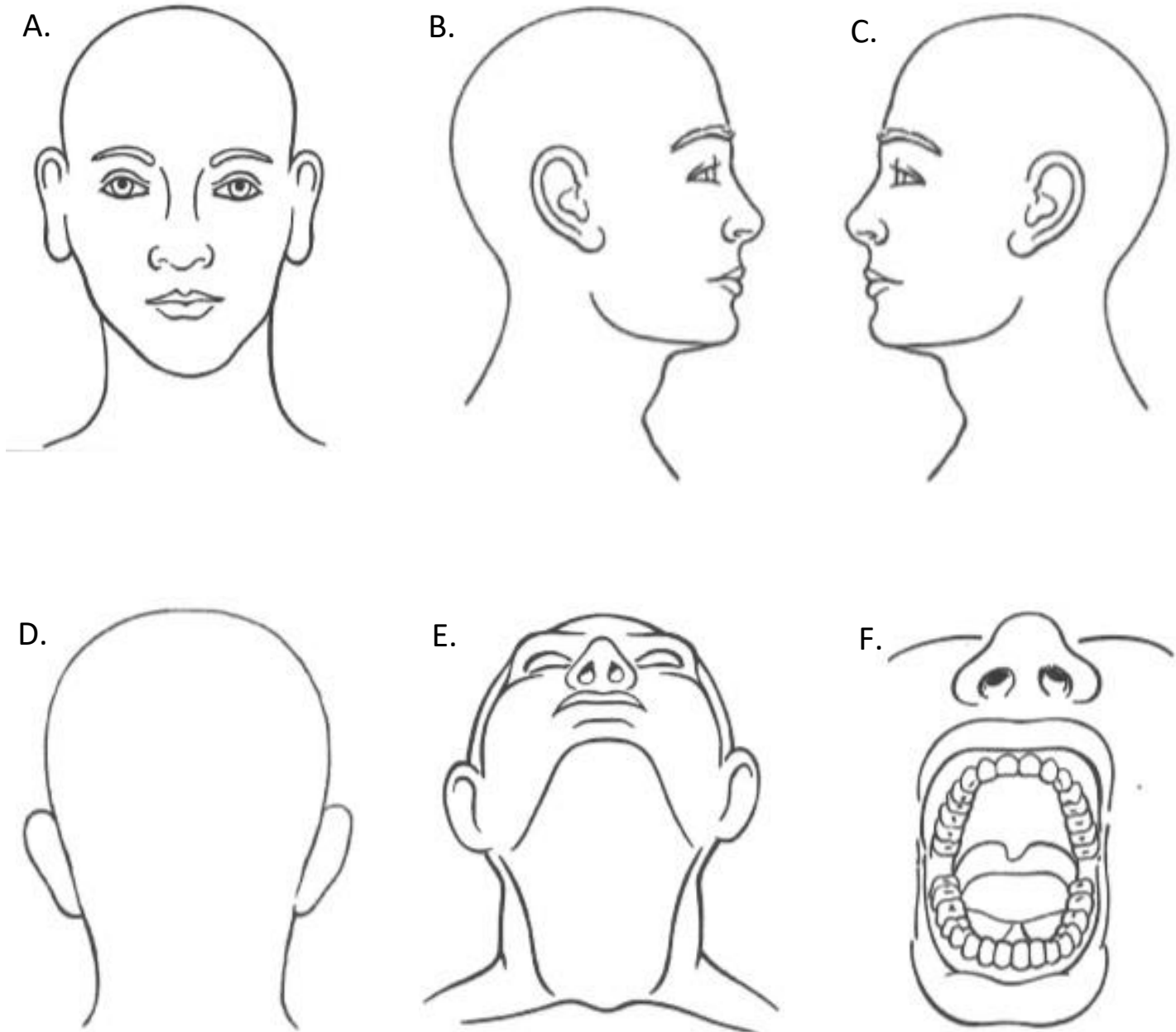
- Head  \_\_\_\_\_
- Mouth  \_\_\_\_\_
- Neck/Shoulders  \_\_\_\_\_
- Chest/Breasts  \_\_\_\_\_
- Abdomen  \_\_\_\_\_
- Left arm  \_\_\_\_\_
- Right arm  \_\_\_\_\_
- Back  \_\_\_\_\_
- Left leg  \_\_\_\_\_
- Right leg  \_\_\_\_\_

**IX. HEAD-TO-TOE EXAM, cont. - BODYGRAM - HEAD AND NECK**

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

Patient Label

No physical findings noted at this time



**Diagram Key:** A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury PTA = Per patient, injury present prior to assault

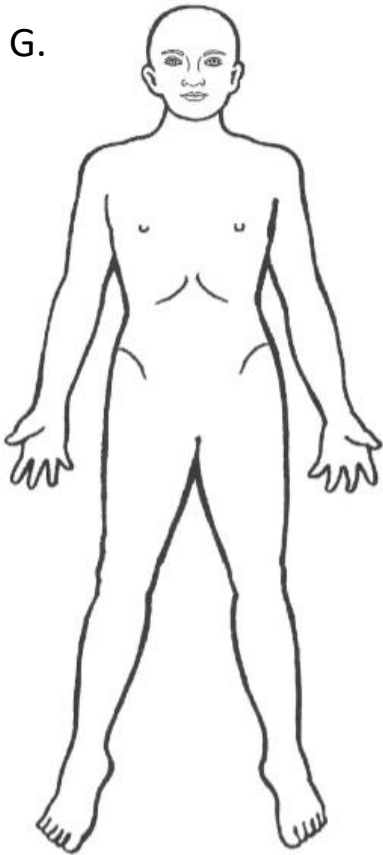
Shade tender areas.

# IX. HEAD-TO-TOE EXAM, cont. - BODYGRAM - FULL BODY

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

Patient Label

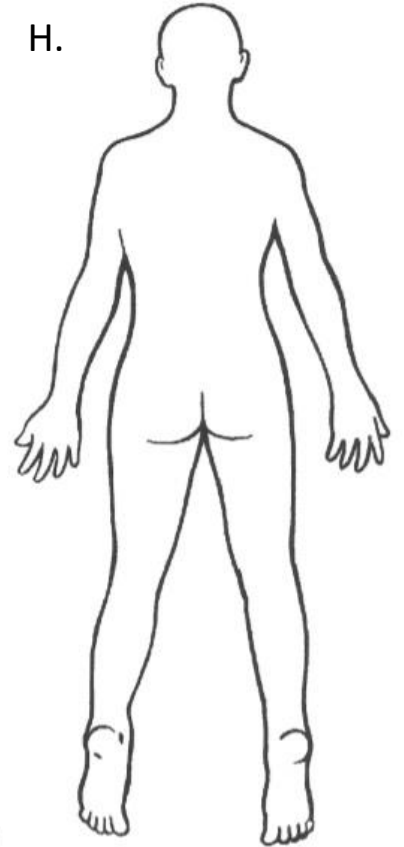
No physical findings noted at this time



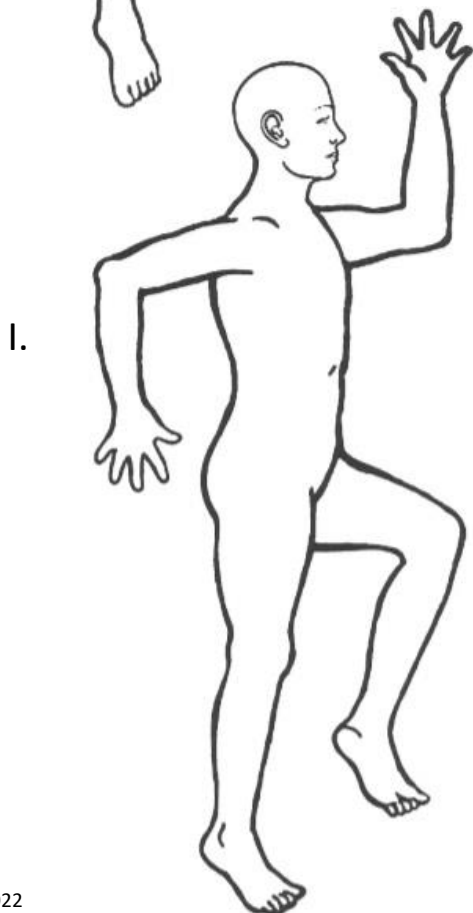
G.

**Diagram Key:** A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury PTA = Per patient, injury present prior to assault

Shade tender areas.



H.



I.



J.

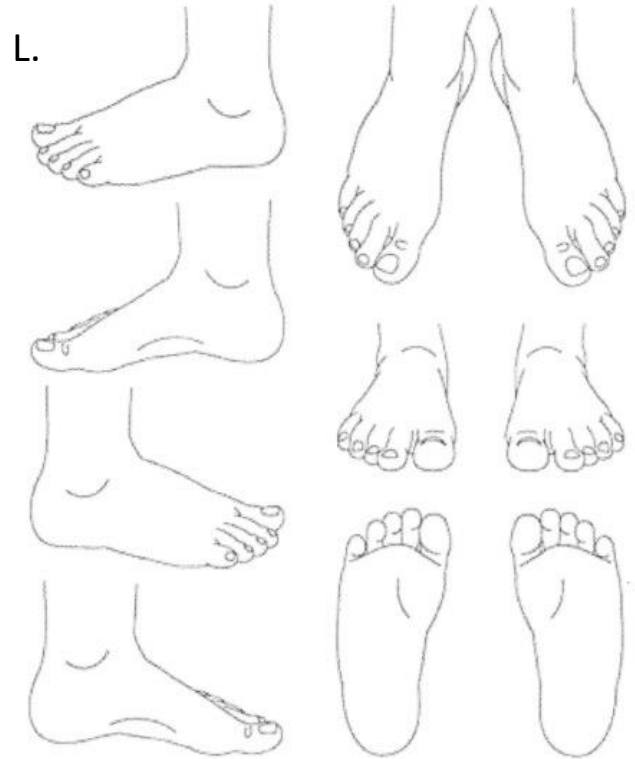
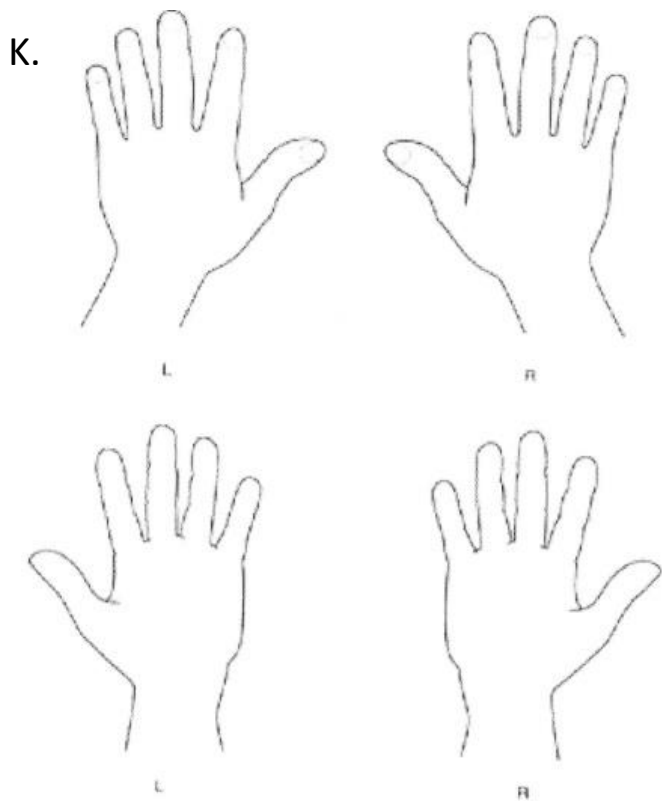


**IX. HEAD-TO-TOE EXAM, cont. - BODYGRAM - HANDS AND FEET**

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

Patient Label

No physical findings noted at this time



**Diagram Key:** A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury PTA = Per patient, injury present prior to assault

Shade tender areas.

**X. ANOGENITAL EXAM**

Patient Label

Was lubricant used for exam:  Yes, type: \_\_\_\_\_  No

**Physical assessment:**

Tanner Stage:  I.  II.  III.  IV.  V.

	WNL	Describe (use diagram for injuries) – if not assessed, note not assessed.
Clitoral hood/clitoris	<input type="checkbox"/>	_____
Labia majora	<input type="checkbox"/>	_____
Labia minora	<input type="checkbox"/>	_____
Urethral meatus	<input type="checkbox"/>	_____
Posterior fourchette	<input type="checkbox"/>	_____
Fossa navicularis	<input type="checkbox"/>	_____
Vaginal opening	<input type="checkbox"/>	_____
Hymen	<input type="checkbox"/>	_____

Speculum exam declined

	WNL	Describe (use diagram for injuries) – if not assessed, note not assessed.
Vagina	<input type="checkbox"/>	_____
Cervix	<input type="checkbox"/>	_____

	WNL	Describe (use diagram for injuries) – if not assessed, note not assessed.
Foreskin	<input type="checkbox"/>	_____
Glans penis	<input type="checkbox"/>	_____
Penile shaft	<input type="checkbox"/>	_____
Urethral meatus	<input type="checkbox"/>	_____
Scrotum	<input type="checkbox"/>	_____
Testes	<input type="checkbox"/>	_____

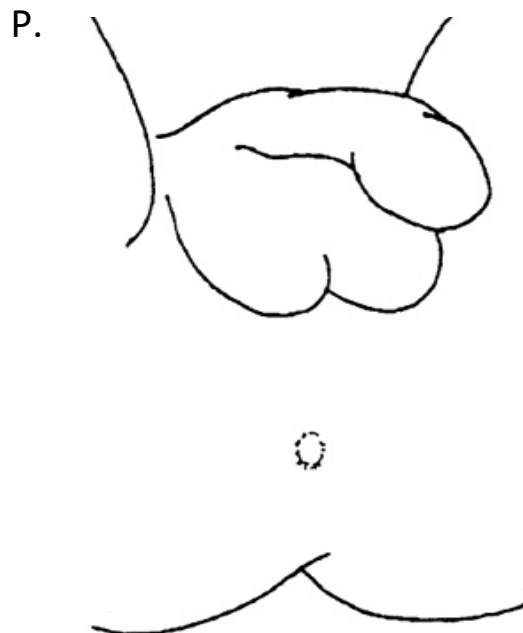
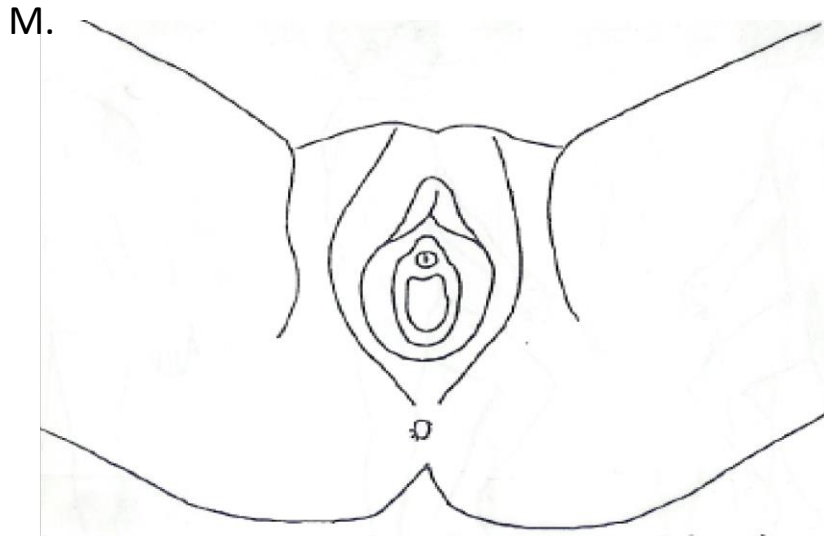
	WNL	Describe (use diagram for injuries) – if not assessed, note not assessed.
Mons pubis	<input type="checkbox"/>	_____
Perineum	<input type="checkbox"/>	_____
Perianal skin	<input type="checkbox"/>	_____
Anus	<input type="checkbox"/>	_____
Buttocks	<input type="checkbox"/>	_____
Rectum/Anoscope	<input type="checkbox"/>	_____ (if indicated)

**X. ANOGENITAL EXAM, cont. - BODYGRAM - ANOGENITAL**

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

Patient Label

No physical findings noted at this time



**Diagram Key:** A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury PTA = Per patient, injury present prior to assault

Shade tender areas.



**XII. EVIDENCE COLLECTION**



A. Clothing (each item packaged in separate paper bag)

Obtained: descriptions below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Obtained by law enforcement, agency: \_\_\_\_\_

Not Obtained, reason: \_\_\_\_\_

B. Head Hair Standards (24 shed/pulled hairs)

Obtained

Not Obtained, reason: \_\_\_\_\_

C. Oral Swabs (4 swabs, always collect as swabs may be used for patient's DNA standard)

Obtained

Not Obtained, reason: \_\_\_\_\_

D. Pubic Hair Standards (24 shed/pulled hairs)

(Consider collecting if: stranger, unknown assailant, multiple assailants; pubic hair is collected in pubic combing; assailant is an acquaintance not previously in the environment where assault occurred)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

E. Pubic Hair Combing (place with comb in envelope)

Obtained

Not Obtained, reason: \_\_\_\_\_

F. External Genitalia/Vulvar Swabs (2 swabs: 1 damp followed by 1 dry)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

G. Vaginal-Cervical Swabs (4 swabs)

Obtained Combined Vaginal-Cervical Swabs

Obtained Blind Vaginal Swabs Only

Not Obtained, reason: \_\_\_\_\_

Not Applicable

H. Penile Swabs (2 swabs: 1 damp followed by 1 dry)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

I. Scrotal Swabs (2 swabs: 1 damp followed by 1 dry)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

**XII. EVIDENCE COLLECTION, cont.**

J. Anal Swabs – Exterior Skin (2 swabs: 1 damp followed by 1 dry)  
 Obtained  
 Not Obtained, reason: \_\_\_\_\_  
 Not Applicable

K. Rectal Swabs – Interior Mucous Membrane (4 swabs)  
 Obtained  
 Not Obtained, reason: \_\_\_\_\_  
 Not Applicable

L. Alternate Light Source, Blue Maxx if available (2 swabs per site, 1 damp followed by 1 dry)  
 Exam Performed with Positive Fluorescence, swabs obtained from: \_\_\_\_\_  
 Exam Performed with Negative Fluorescence, no swabs obtained  
 Not Performed, reason: \_\_\_\_\_  
 Not Applicable

M. Aggressive Handling: Strangulation, Physical Force, etc. (2 swabs per site, 1 damp followed by 1 dry)  
 Obtained  
 Where: \_\_\_\_\_  
 Where: \_\_\_\_\_  
 Where: \_\_\_\_\_  
 Where: \_\_\_\_\_  
 Not Obtained, reason: \_\_\_\_\_  
 Not Applicable

N. Possible Saliva: Biting, Kissing, Licking, etc. (2 swabs per site, 1 damp followed by 1 dry)  
 Obtained  
 Where: \_\_\_\_\_  
 Where: \_\_\_\_\_  
 Where: \_\_\_\_\_  
 Not Obtained, reason: \_\_\_\_\_  
 Not Applicable

O. Additional Evidence (2 swabs per site, 1 damp followed by 1 dry)  
 Obtained  
 Where/why: \_\_\_\_\_  
 Where/why: \_\_\_\_\_  
 Where/why: \_\_\_\_\_  
 Where/why: \_\_\_\_\_  
 Not Obtained, reason: \_\_\_\_\_  
 Not Applicable

P. Photographs  
 Obtained by/with: (photographer/equipment) \_\_\_\_\_  
 Not Obtained, reason: \_\_\_\_\_  
 Notes about photographs: \_\_\_\_\_

**XIII. POLICE DEPARTMENT RECEIPT OF EVIDENCE**

Patient Label

This certifies that on \_\_\_\_\_ (date) at \_\_\_\_\_ (time), evidence was:

- hand delivered to law enforcement
- locked in evidence locker per facility protocol

\_\_\_\_\_  
(printed name and title of receiving agency)                      (signature of receiving agency)                      Date

\_\_\_\_\_  
(signature of medical provider/nurse examiner)                      (SANE #, if applicable)                      Date

*Please include a copy of pages 1 – 15 in SAFE kit envelope.*

**Consent for Sexual Assault Medical-Forensic Exam**



I consent and authorize \_\_\_\_\_

Medical Provider and Title

employed by \_\_\_\_\_

Name of Institution

to conduct a medical-forensic exam based on the components initialed below.

I give consent for **medical evaluation and treatment** related to sexual assault. I understand I may withdraw my consent at any time for any portion of the exam. This may include:

- Initials**
  - Obtaining medical history and information related to the details of the assault
  - Information obtained will be documented and stored as part of the medical record
  - Perform a physical examination with injury documentation
  - Administration of appropriate medical treatment
  - Administration of medications for sexually transmitted infection prophylaxis
  - Screening for pregnancy and administration of emergency contraception
  - Contact after discharge for purposes of medical treatment
  - Provide information regarding the Oregon Sexual Assault Victim’s Emergency Fund

I give consent for **evidence collection** related to sexual assault. I understand I may withdraw my consent at any time for any portion of the exam. This may include:

- Initials**
  - Collection of evidence including: hair, blood samples, urine samples, body fluid samples, fingernail scrapings, clothing and other items
  - Collection of toxicology samples for screening
  - Use of alternative light source

I give consent for **photo-documentation** related to sexual assault. I understand I may withdraw my consent at any time for any portion of the exam.

- Initials**
  - Photographs are a supplement to the medical-forensic history, evidence collection, and physical findings
  - Photographs will be stored according to institutional policy
  - Photographs are not released with the sexual assault forensic evidence kit, they will be released in accordance with institutional policy and procedure

ORS 109.640 allows a minor 15 years of age or older to consent to hospital care, medical or surgical diagnosis or treatment by a licensed physician without the consent of an adult or guardian

\_\_\_\_\_  
SIGNATURE OF PATIENT/PARENT/GUARDIAN      IF PARENT/GUARDIAN, PRINT NAME & RELATIONSHIP

\_\_\_\_\_  
SIGNATURE OF MEDICAL PROVIDER      PRINTED NAME OF MEDICAL PROVIDER

DATE \_\_\_\_\_



Patient Label

**Release of Information**

I authorize the release of documentation and evidence collected to law enforcement for purposes of:

Initials

**Investigation:** A report to law enforcement has been made and I am requesting that a copy of the medical-forensic examination form completed by the sexual assault nurse examiner or sexual assault examiner be released to the appropriate law enforcement agency as well as the Oregon State Crime Lab. To include:

- Injury documentation
- Evidence collection documentation

Initials

**Storage only:** A report to law enforcement has not been made and I am requesting that a copy of the medical-forensic examination form completed by the sexual assault nurse examiner or sexual assault examiner be sealed in the Sexual Assault Forensic Evidence Kit and released to the appropriate law enforcement agency for storage without being opened until such time as I make a report to law enforcement. To include:

- Injury documentation
- Evidence collection documentation

I understand any evidence collected will be stored anonymously without being opened or tested until such time as I make a report to law enforcement. I also understand that per ORS 181.A.325 the sexual assault evidence kit will be stored for up to 60 years after the collection of evidence.

Initials

**I decline to include injury and evidence documentation within the sexual assault forensic evidence kit at this time.**

This release will be effective for 30 days from today or until a different date specified here: \_\_\_\_\_

**FROM:**

**TO:**

Medical Facility Name: \_\_\_\_\_

Law Enforcement Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\*Release of Information to be signed by individual authorizing consent for medical-forensic examination

\*Oregon law, ORS 109.640 allows a minor 15 years of age or older to consent to hospital care, medical or surgical diagnosis or treatment by a licensed physician without the consent of an adult or guardian

\_\_\_\_\_  
SIGNATURE OF PATIENT/PARENT/GUARDIAN

\_\_\_\_\_  
IF PARENT/GUARDIAN, PRINT NAME & RELATIONSHIP

\_\_\_\_\_  
SIGNATURE OF MEDICAL PROVIDER

\_\_\_\_\_  
PRINTED NAME OF MEDICAL PROVIDER

DATE \_\_\_\_\_