Exam Date/Time: _____
Forensic Examiner: _____
Facility: _____

Patient Label

Patient's Preferred Name: _____
Patient's Pronouns: _____

Date of Assault: _____ Time: _____ Hours Post Assault: _____
OSP SAFE Kit Collected: ☐ Yes: Kit # _____ ☐ No
Reporting: ☐ Yes: Case # _____ ☐ No
Medically screened per protocol (see medical record): ☐ Yes ☐ No

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.

Mandatory Reporting:

Serious physical injury: ☐ 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
Disabled or mentally ill: ☐ No ☐ Yes
If any mandatory reporting box checked yes:
Agency reported to: _____
Report made by: _____
Date/time of report: _____

Advocate called: ☐ Yes ☐ No
Advocate present: ☐ Yes ☐ No
Interpreter used: ☐ Yes ☐ No
Others present during history: _____
Others present during exam: _____
Name: _____
Language: _____

I. SINCE THE TIME OF THE ASSAULT

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

Changed clothes: ☐ Yes ☐ No
Brushed teeth: ☐ Yes ☐ No
Used mouthwash: ☐ Yes ☐ No
Vomited: ☐ Yes ☐ No
Drank fluids/eaten: ☐ Yes ☐ No
Bathed/showered: ☐ Yes ☐ No
Urinated: ☐ Yes ☐ No
Defecated: ☐ Yes ☐ No
Douched: ☐ Yes ☐ No
Used tampon/pad: ☐ Yes ☐ No
Used enema: ☐ Yes ☐ No

If changed clothes, location and description of clothing:
_____
_____
_____

When was the last bath/shower: _____
baths/showers since assault: _____

tampons/pads used since assault: _____
Tampon/pad collected: ☐ Yes ☐ No

Patient Label

II. REPORT OF INCIDENT

This form is to be completed by ONE examiner.

- Report is not an exhaustive account of every detail of the sexual assault. It is a brief description for the purposes of diagnosis and treatment.
- Please recount the patient's own words in quotes when possible.
- Do not include personal opinion or conjecture.
- Include only information that directly relates to this sexual assault, such as a brief description of physical surroundings, threats, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation, patient's emotional states before, during, and after.
- Ensure that the patient understands your questions and vocabulary.
- Record patient's own terminology. Do NOT sanitize language.

(printed name of medical provider/nurse examiner) (signature of medical provider/nurse examiner) Date

Patient Label

III. PERTINENT/RECENT HEALTH HISTORY

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 using contraception: ☐ Yes, type of contraception used: _____ ☐ No

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

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.

Patient Label

VII. STRANGULATION ASSESSMENT

☐ Patient denies strangulation occurred
☐ Examiner assesses no signs or symptoms of strangulation

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

Screen for the following (check all that apply):

☐ Loss of consciousness
☐ Involuntary urination/defecation
☐ Difficulty/pain swallowing
☐ Memory loss
☐ Voice loss/changes
☐ Coughing
☐ Drooling
☐ Persistent throat pain
☐ Breathing difficulties
☐ Nausea/vomiting
☐ Headache
☐ Pain/tenderness
☐ Swelling/edema
☐ Combativeness/irritability/restlessness
☐ Uncontrolled shaking
☐ Hyperventilation
☐ Dyspnea/apnea
☐ Petechiae (scalp, eyelids, ears, oral cavity)
☐ Bruising
☐ Crepitus
☐ Abnormal carotid pulse

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): _____
_____

Follow-up checklist:

☐ Advanced practitioner/LIP notified
☐ Patient provided discharge info with signs and symptoms upon which to seek emergency treatment

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
Urine: ☐ Yes ☐ No

*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.*

Patient Label

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).

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	☐	

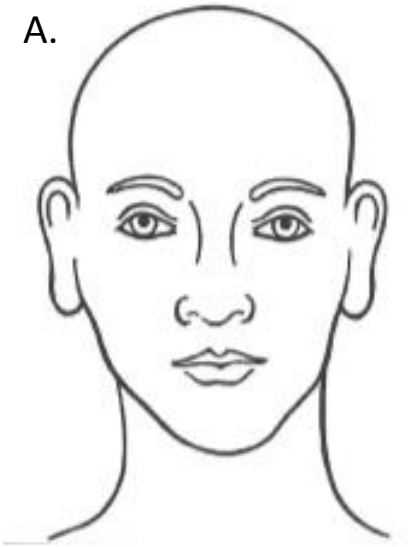
Patient Label

XI. HEAD-TO-TOE EXAM, cont. - BODYGRAM - HEAD AND NECK

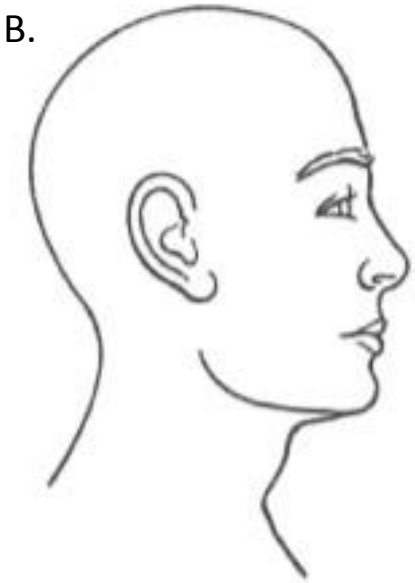
Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

☐ No physical findings noted at this time

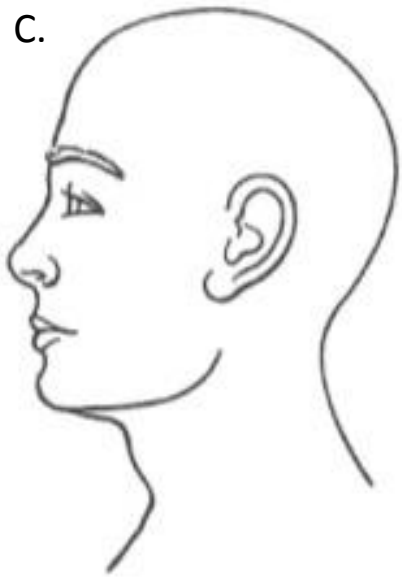
A.



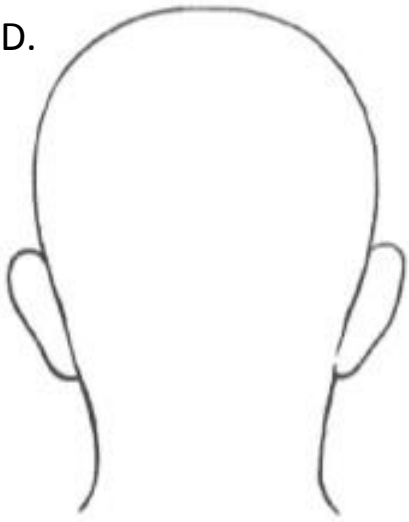
B.



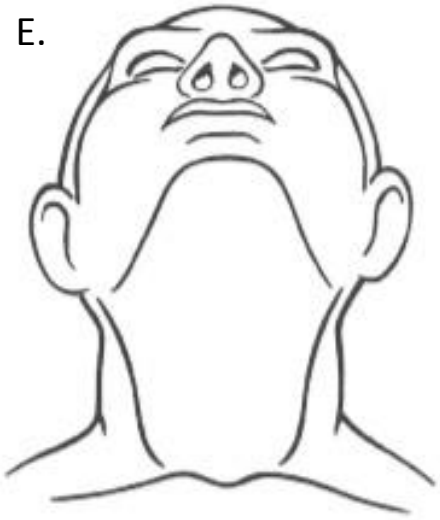
C.



D.



E.



F.

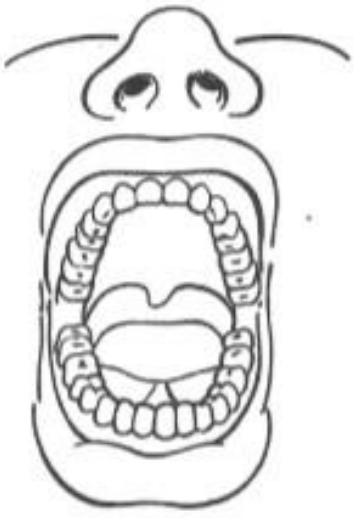


Diagram Key: A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury

Shade tender areas.

XI. 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.

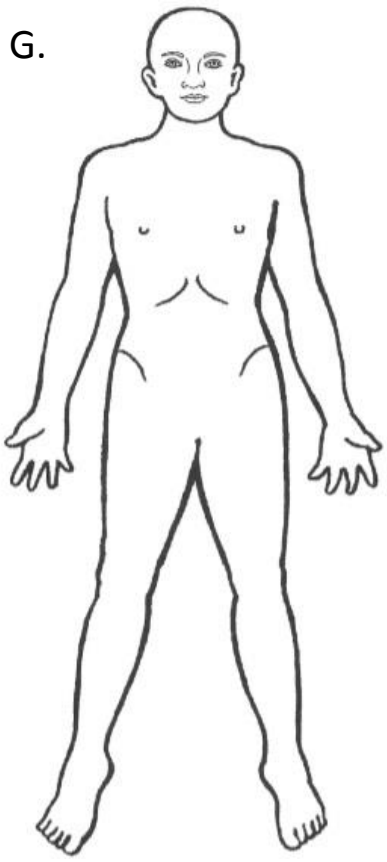
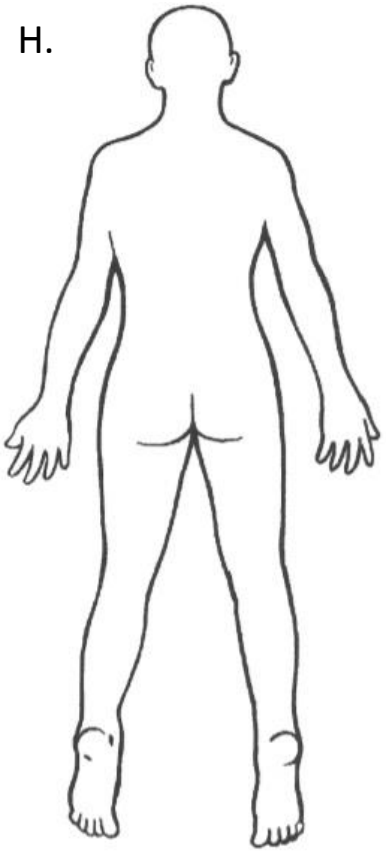


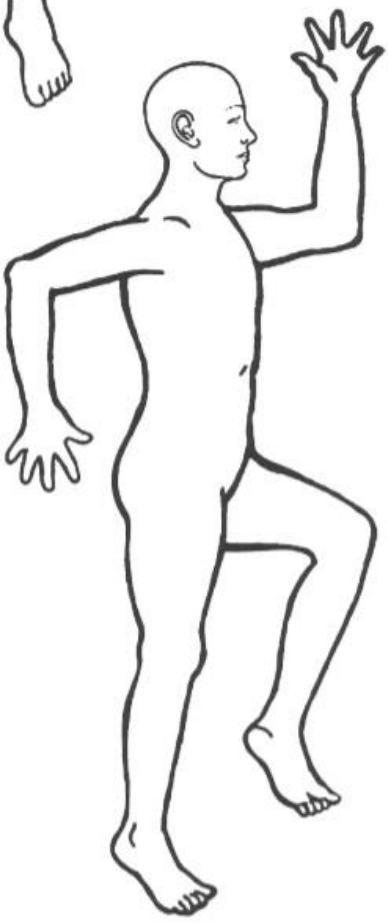
Diagram Key: A = Abrasion AL = Alternate light source fluorescence
B = Bruising BI = Bite BU = Burn
C = Cut CN = Contusion
E = Ecchymosis FB = Foreign body/debris LA = Laceration
PE = Petechiae R = Redness
S = Swelling SHX = Sample per history SI = Suction injury T = Tear
TE = Tenderness OI = Other injury

Shade tender areas.

H.



I.



J.

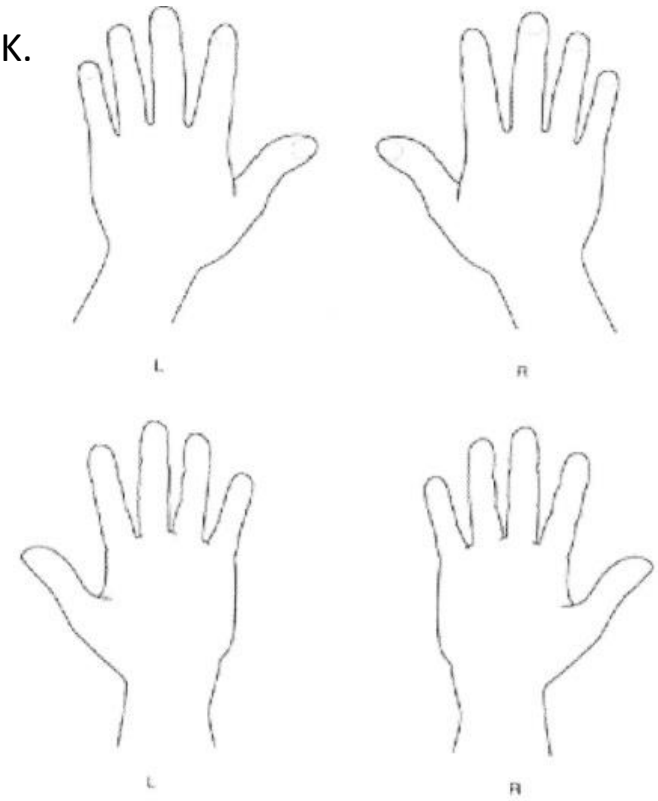
XI. HEAD-TO-TOE EXAM, cont. - BODYGRAM - HANDS AND FEET

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

K.



L.

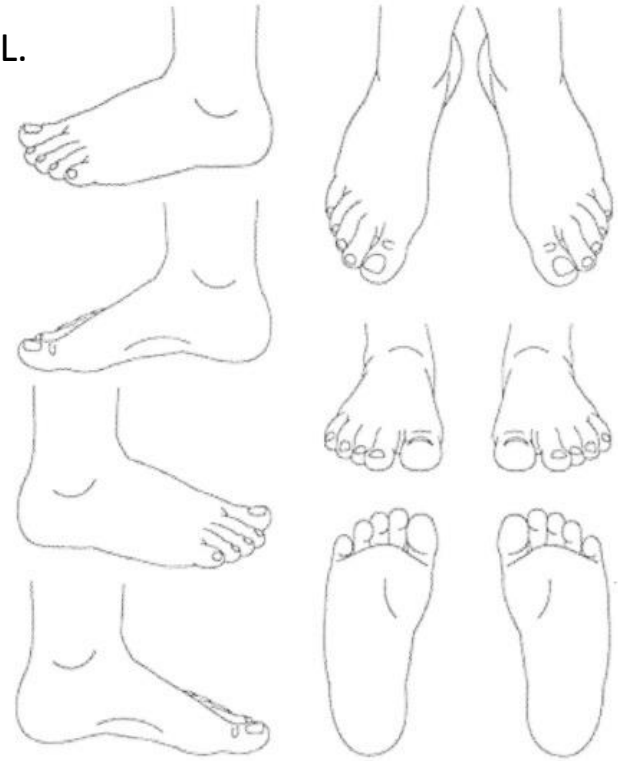


Diagram Key: A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury

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	☐	
Labia majora	☐	
Labia minora	☐	
Urethral meatus	☐	
Posterior fourchette	☐	
Fossa navicularis	☐	
Vaginal opening	☐	
Hymen	☐	

☐ Speculum exam declined

	WNL	Describe (use diagram for injuries) – if not assessed, note not assessed.
Vagina	☐	
Cervix	☐	

	WNL	Describe (use diagram for injuries) – if not assessed, note not assessed.
Foreskin	☐	
Glans penis	☐	
Penile shaft	☐	
Urethral meatus	☐	
Scrotum	☐	
Testes	☐	

	WNL	Describe (use diagram for injuries) – if not assessed, note not assessed.
Mons pubis	☐	
Perineum	☐	
Perianal skin	☐	
Anus	☐	
Buttocks	☐	
Rectum/Anoscope	☐	(if indicated)

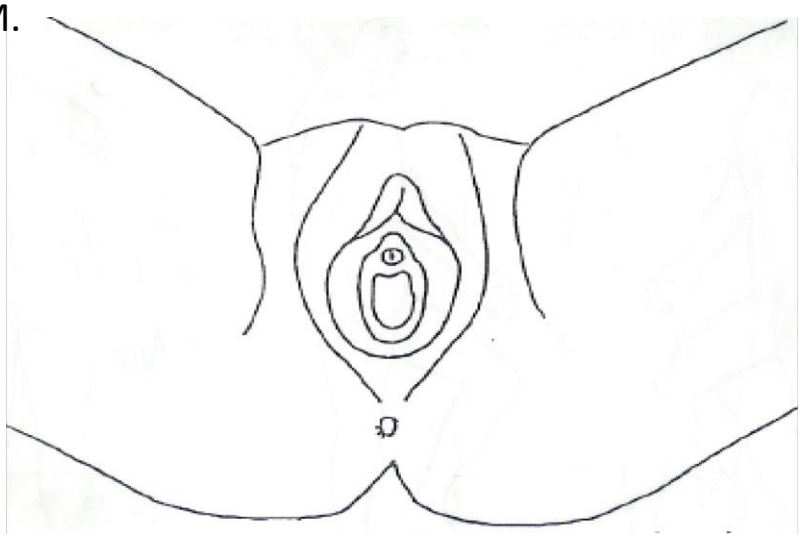
X. ANOGENITAL EXAM, cont. - BODYGRAM - ANOGENITAL

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

M.



N.

O.

P.

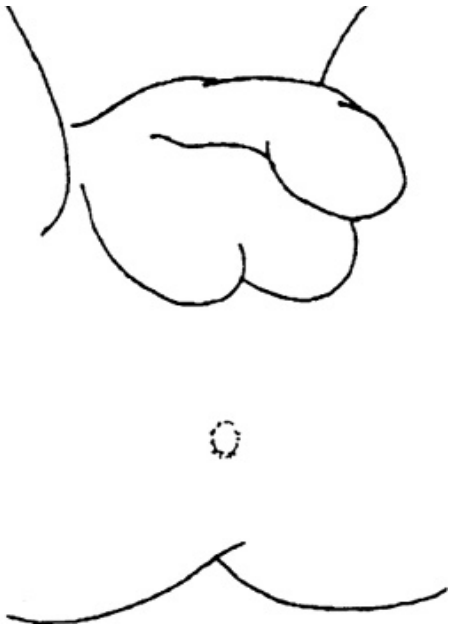


Diagram Key: A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury

Shade tender areas.

Patient Label

XI. INJURY LOG

Use injury log in conjunction with bodygrams to document type, size, shape, and color of injuries.

Injury Number	Diagram Letter	Key Code	Photo Y/N	Pain 0-10	Description

(printed name of medical provider/nurse examiner) (signature of medical provider/nurse examiner) Date

Patient Label

XII. EVIDENCE COLLECTION

A. Clothing (each item packaged in separate paper bag)
- ☐ Obtained: descriptions below

_____ _____
_____ _____
_____ _____
_____ _____

- ☐ Not Obtained, reason: _____

B. Head Hair Standards (24 shed/pulled hairs)
- ☐ Obtained
- ☐ Not Obtained, reason: _____

C. Oral Swabs (4 swabs)
- ☐ Obtained
- ☐ Not Obtained, reason: _____

D. Pubic Hair Standards (24 shed/pulled hairs)
- ☐ Obtained
- ☐ Not Obtained, reason: _____

E. Pubic Hair Combings (place with comb in envelope)
- ☐ Obtained
- ☐ Not Obtained, reason: _____

F. Vaginal-Cervical Swabs (4 swabs)
- ☐ Obtained Combined Vaginal-Cervical Swabs
- ☐ Obtained Blind Vaginal Swabs Only
- ☐ Not Obtained, reason: _____
- ☐ Not Applicable

G. Penile Swabs (2 swabs: 1 damp followed by 1 dry)
- ☐ Obtained
- ☐ Not Obtained, reason: _____
- ☐ Not Applicable

H. Scrotal Swabs (2 swabs: 1 damp followed by 1 dry)
- ☐ Obtained
- ☐ Not Obtained, reason: _____
- ☐ Not Applicable

I. Anal Swabs – Exterior Skin (2 swabs: 1 damp followed by 1 dry)
- ☐ Obtained
- ☐ Not Obtained, reason: _____
- ☐ Not Applicable

XII. EVIDENCE COLLECTION, cont.

Patient Label

J. Rectal Swabs – Interior Mucous Membrane (4 swabs)
- ☐ Obtained
- ☐ Not Obtained, reason: _____
- ☐ Not Applicable

K. 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

L. 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

M. Possible Saliva: Biting, Kissing, Licking, etc. (2 swabs per site, 1 damp followed by 1 dry)
- ☐ Obtained
  - Where: _____
  - Where: _____
  - Where: _____
  - Where: _____
- ☐ Not Obtained, reason: _____
- ☐ Not Applicable

N. 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

O. 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.

Patient Label

XIV. HIV RISK ASSESSMENT

Discuss with provider if any answers marked "yes."
See CDC HIV Algorithm for more complete assessment.

Vaginal or anal penetration by penis:	☐ Yes	☐ No	☐ Unknown
Ejaculation on mucous membranes:	☐ Yes	☐ No	☐ Unknown
Multiple assailants:	☐ Yes	☐ No	☐ Unknown
IV drug use by assailant:	☐ Yes	☐ No	☐ Unknown
Assailant has multiple sexual partners:	☐ Yes	☐ No	☐ Unknown
Male assailant has male sexual partners:	☐ Yes	☐ No	☐ Unknown
Sex industry or human trafficking (patient or assailant):	☐ Yes	☐ No	☐ Unknown

XV. TREATMENT

Include names and dosages for all medications given.

Chlamydia prophylaxis:	☐ Yes: _____	☐ No, why: _____
Gonorrhea prophylaxis:	☐ Yes: _____	☐ No, why: _____
BV/trichomoniasis prophylaxis:	☐ Yes: _____	☐ No, why: _____
Negative pregnancy test:	☐ Yes ☐ No ☐ Not applicable	
Emergency contraception:	☐ Yes: _____	☐ No, why: _____
Tetanus vaccine:	☐ Yes: _____	☐ No, why: _____
Hepatitis B vaccine:	☐ Yes: _____	☐ No, why: _____
HIV nPEP:	☐ Yes: _____	☐ No, why: _____
	Date/time of first dose: _____	
	_____	
Other medication:	☐ Yes: _____	☐ No

XVI. FOLLOW-UP AND REFERRALS

Referral packet given:	☐ Yes ☐ No	
Advocacy/crisis intervention agency:	☐ Yes, agency: _____	☐ No
Counseling/social worker:	☐ Yes ☐ No	
Safety plan by:	_____	
Practitioner follow-up with:	_____	

DO NOT send this page to law enforcement or include in SAFE kit envelope.