

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

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
Drank fluids/eaten: Yes No
Bathed/showered: Yes No When was the last bath/shower: _____
Urinated: Yes No # baths/showers since assault: _____
Defecated: Yes No
Douched: Yes No
Used tampon/pad: Yes No # tampons/pads used since assault: _____
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 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 I:

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 ASSESSMENT

Patient Label

- 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):

- | | |
|---|--|
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Pain/tenderness |
| <input type="checkbox"/> Involuntary urination/defecation | <input type="checkbox"/> Swelling/edema |
| <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"/> Breathing difficulties | <input type="checkbox"/> Crepitus |
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Abnormal carotid pulse |
| <input type="checkbox"/> Headache | |

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.*

XI. HEAD-TO-TOE EXAM

Patient Label

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 | <input type="checkbox"/> | <hr/> |
| Mouth | <input type="checkbox"/> | <hr/> |
| Neck/Shoulders | <input type="checkbox"/> | <hr/> |
| Chest/Breasts | <input type="checkbox"/> | <hr/> |
| Abdomen | <input type="checkbox"/> | <hr/> |
| Left arm | <input type="checkbox"/> | <hr/> |
| Right arm | <input type="checkbox"/> | <hr/> |
| Back | <input type="checkbox"/> | <hr/> |
| Left leg | <input type="checkbox"/> | <hr/> |
| Right leg | <input type="checkbox"/> | <hr/> |

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.

Patient Label

No physical findings noted at this time

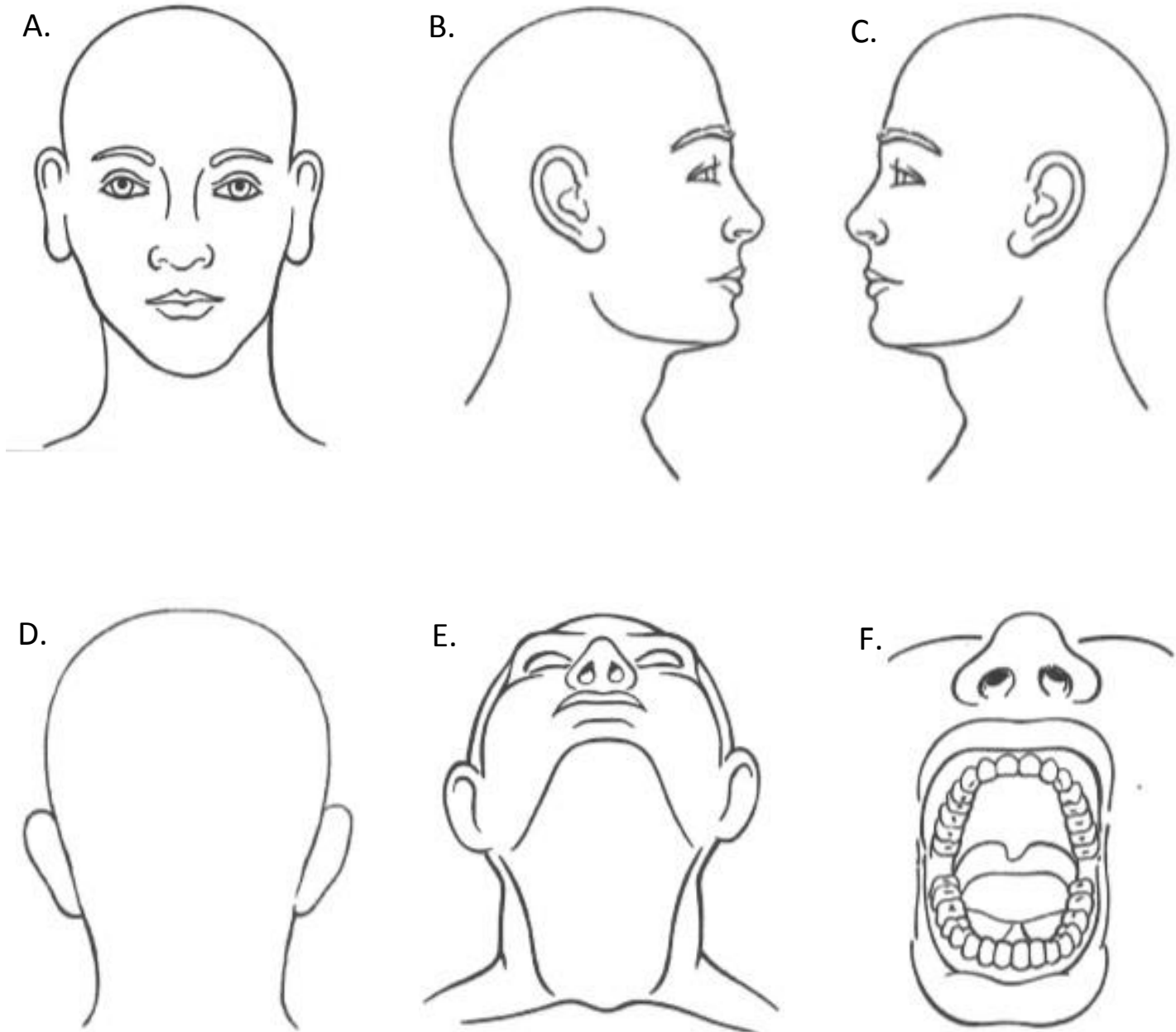


Diagram Key: A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury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

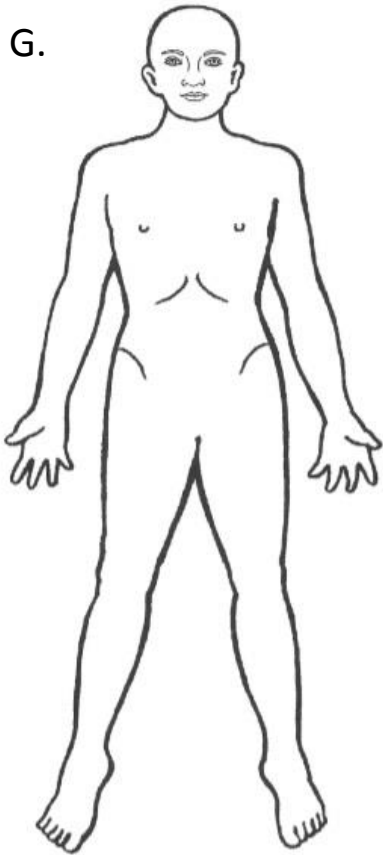
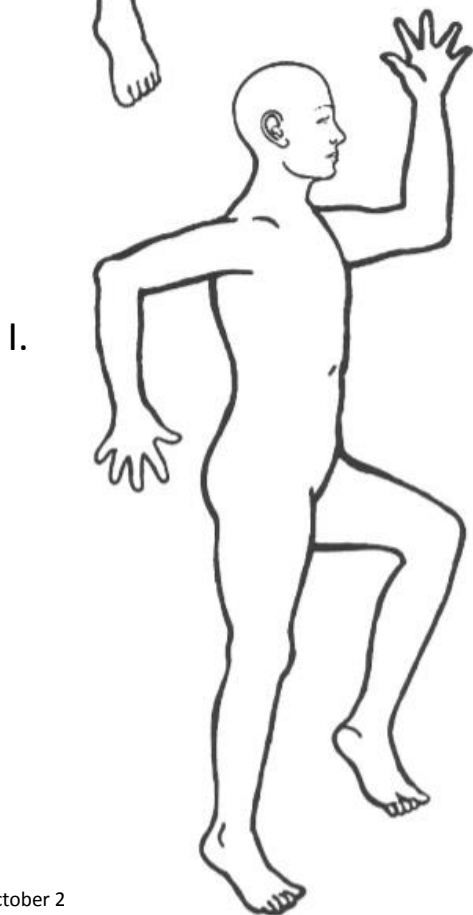
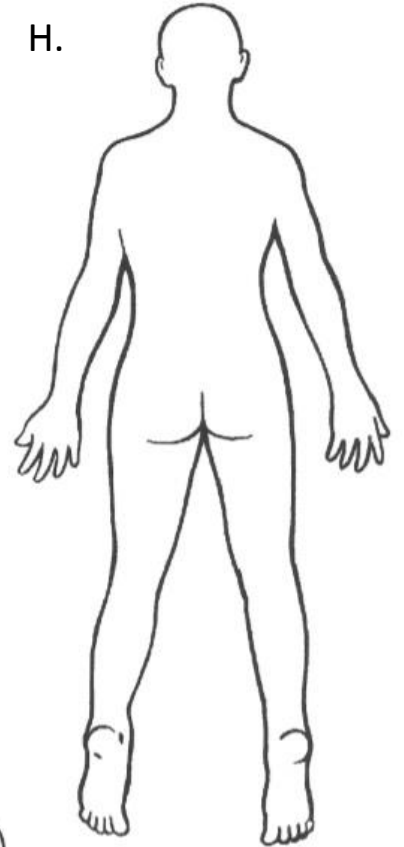


Diagram Key: A = Abrasion AL = Alternate light source fluorescence
B = Bruising BI = Bite BU = Burn
C = Cut CN = Contusion
E = Ecchymosis FB = Foreign body/debris LA = Laceration
PE = Petechiae R = Redness
S = Swelling SHX = Sample per history SI = Suction injury T = Tear
TE = Tenderness OI = Other injury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



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

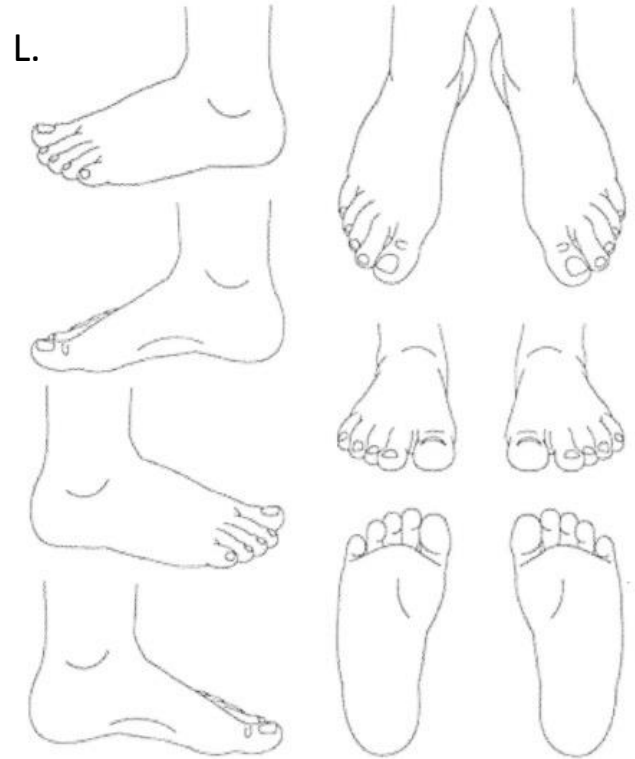
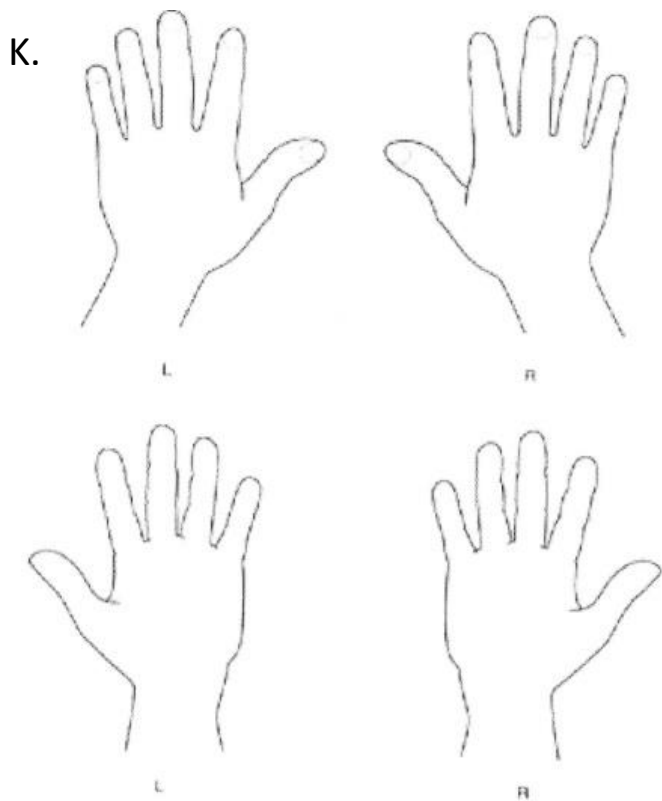


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Shade tender areas.

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

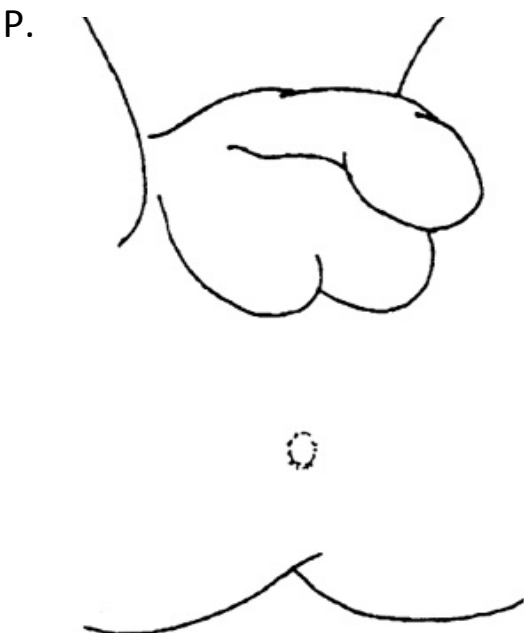
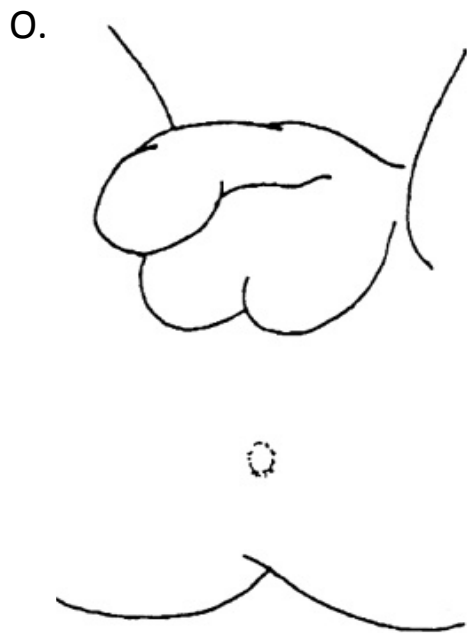
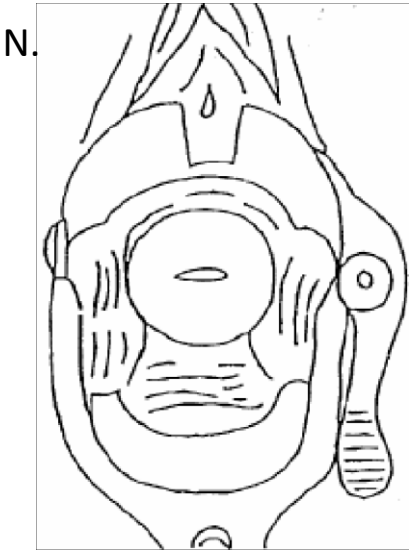
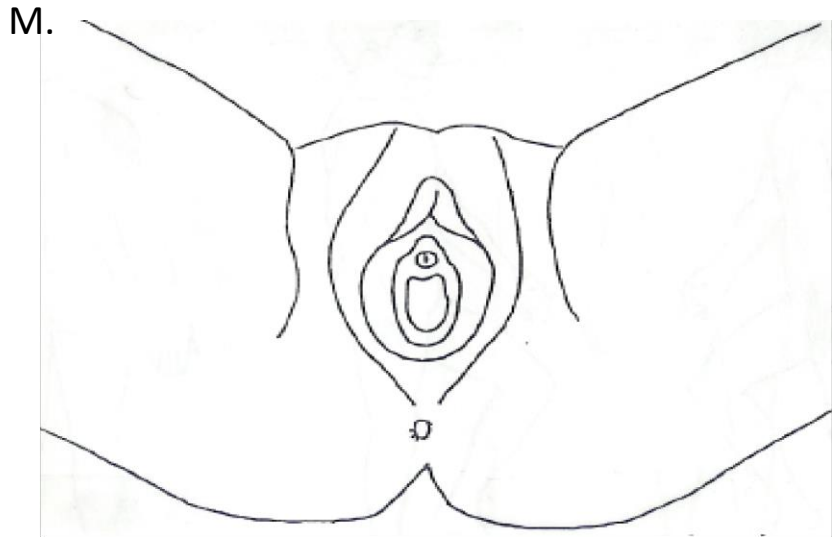


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Shade tender areas.

XI. INJURY LOG

Patient Label

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 |
|---------------|----------------|----------|-----------|-----------|-------------|
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(printed name of medical provider/nurse examiner)

(signature of medical provider/nurse examiner)

Date

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 Combing (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.



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.

XIV. HIV RISK ASSESSMENT

Patient Label

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.