<place patient label here>

Exam Date/Time: ______________________

Forensic Examiner: ______________________

Facility: ______________________

Date of Assault: __________ Time: ______ AM/PM OSP SAFE Kit Collected: ☐ Yes ☐ No

Hours Post Assault: ______________ Kit #: ______________________

Reporting: ☐ Yes ☐ No Case # (if available): ______________________

Medically Screened (see medical record): ☐ Yes ☐ No

COLLECT ORAL SWABS IF INDICATED, then patient may have fluids

Mandatory Reporting: See "State of Oregon Medical Guidelines for Sexual Assault Evaluation"

Serious Physical Injury or **Injury** from a weapon **(Injury must be reported. Report of sexual assault is not mandated).** ☐ Yes ☐ No

<18 years of age or $\geq$ 65 years of age? ☐ Yes ☐ No

Disabled, Mentally Ill? ☐ Yes ☐ No

Agency Reported to? ______________________

Report made by? ______________________

Date/time of report? ______________________

Advocate? ☐ Yes ☐ No Others present at time of interview: ______________

Others present at time of 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?

Change clothes? ☐ Yes ☐ No If clothing change, location:
Brushed teeth? ☐ Yes ☐ No and description of clothing: ______________
Used mouthwash? ☐ Yes ☐ No ______________
Vomited? ☐ Yes ☐ No ______________
Taken fluids? ☐ Yes ☐ No
Bathed/showered? ☐ Yes ☐ No When was the last bath/shower? ______________
Urinated? ☐ Yes ☐ No # baths/showers since assault: ______________
Douched? ☐ Yes ☐ No
Used tampon/pad? ☐ Yes ☐ No Tampon/pad in place since assault? ☐ Yes ☐ No
Used enema? ☐ Yes ☐ No # tampons used since assault? ______________
Defecated? ☐ Yes ☐ No Tampon/pad to be included in Kit? ☐ Yes ☐ No

Consider collecting **blood** for **alcohol** testing and **urine** for **drug** testing as soon as possible when:

_______ Patient appears impaired, intoxicated, or has altered mental status
_______ Patient reports blackout, memory lapse, or partial or total amnesia for event
_______ Patient or other is concerned that he or she may have been drugged

Drug and alcohol testing may be done for legal purposes. Legal specimens follow a chain of custody and are given to law enforcement <u>not</u> sent to the lab.

Separate consents for toxicology specimens need not be obtained, but patient should be informed that specimens are obtained.

 Examiner Signature: ______________________

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.
- 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.
- Include patient's descriptions of emotional states before, during and after the assault.
- 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**

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) ____________________

Last menstrual period: __________ Patient menstruating at time of assault? ☐ Yes ☐ No
Contraception currently used: (specify if known) __________
Last consensual sexual contact? __________ Type: ☐ Oral ☐ Anal ☐ Vaginal
Is patient pregnant? ☐ Yes ☐ No # of weeks: __________

IV. INFORMATION PERTAINING TO ASSAULT

Location of assault: (address if known) ____________________

House/apartment, automobile, outdoors, other/unknown: (description/details of location) ____________________

Did patient consume drugs/alcohol *prior* to assault: ☐ Yes ☐ No (specify type if known) __________

Did patient consume drugs/alcohol *after the* assault: ☐ Yes ☐ No (specify type if known) __________

V. ASSAILANT(S) INFORMATION

TOTAL # of Assailants: ____________________

Assailant (a):

Name: ____________________ ☐ Unknown

Description: ____________________

Relationship to victim: ____________________ Age: (if known) __________

Assailant (b):

Name: ____________________ ☐ Unknown

Description: ____________________

Relationship to victim: ____________________ Age: (if known) __________

Assailant (c):

Name: ____________________ ☐ Unknown

Description: ____________________

Relationship to victim: ____________________ Age: (if known) __________

VI. ACTS DESCRIBED BY THE PATIENT

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

Was there penetration:

		By:
Mouth:	☐ Yes ☐ No ☐ Attempted ☐ Unknown	☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: ____
Vagina:	☐ Yes ☐ No ☐ Attempted ☐ Unknown	☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: ____
Anus:	☐ Yes ☐ No ☐ Attempted ☐ Unknown	☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other:

Did ejaculation occur:

Mouth: ☐ Yes ☐ No ☐ Unknown　Vagina: ☐ Yes ☐ No ☐ Unknown

Anus: ☐ Yes ☐ No ☐ Unknown　Externally: ☐ Yes ☐ No ☐ Unknown

If externally, where?

On patient's body? Where? ____　On an item/object? (specify if known) ____

During the assault did assailant(s):

Use a condom? ☐ Yes ☐ No ☐ Unknown

Use lubrication? (saliva, Vaseline, etc) ☐ Yes ☐ No ☐ Unknown (specify if known) ____

Kiss, lick, spit or make other oral contact? ☐ Yes ☐ No ☐ Unknown (specify if known) ____

Touch the patient in any other way? ☐ Yes ☐ No ☐ Unknown (specify if known) ____

Any injuries to patient? ☐ Yes ☐ No ☐ Unknown (specify if known) ____

Did patient lose consciousness? ☐ Yes ☐ No ☐ Unknown (specify if known) ____

Any injuries to assailant(s)? ☐ Yes ☐ No ☐ Unknown (specify if known) ____

Were acts performed by the patient on the assailant(s)? ☐ Yes ☐ No ☐ Unknown

☐ Oral Copulation ☐ Masturbation ☐ Foreign Objects: ____ ☐ Other: ____

Weapons/Force Used?:

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

☐ Verbal threats ____

☐ Strangulation/choking* (if yes, see below) ____

☐ Bites ____

☐ Hitting ____

☐ Burns ____

☐ Gun ____

☐ Knife ____

☐ Blunt object ____

☐ Restraints ____

☐ Chemical(s) ____

☐ Other weapon ____

☐ Other physical force ____

(grabbed, grasped or held down) ____

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

For Reported/Suspected Strangulation Only – Please screen for the following (check all that apply):
***Strangulation can cause permanent damage or death if not assessed properly and immediately.**

- ☐ 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
- ☐ Bruising
- ☐ Crepitus
- ☐ Abnormal carotid pulse

Estimated length of time strangulation occurred: ____________________
Number of times patient was strangled during incident: ____________________
Number of different methods used for strangulation during incident: ____________________
Method(s) of strangulation: ____________________
Description of strangulation event(s): ____________________

Checklist:

- ☐ Examine scalp, eyelids, conjunctiva, chin, jaw, shoulders and chest ☐ Safety Plan
- ☐ Abuse Assessment ☐ Consider admission for observation ____________________

VII. MEDICAL FORENSIC EXAM (FEMALE)

Affect assessment (describe behavior-awake, alert, sleeping, flat, quiet, crying, etc.): ____________________

____

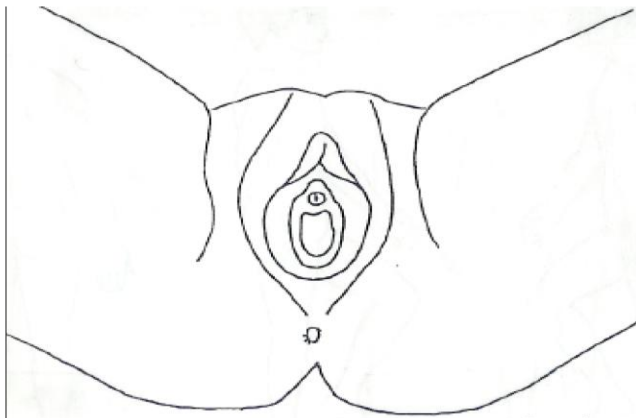
____

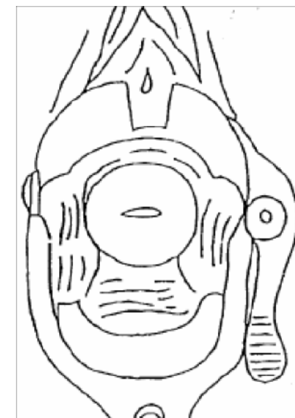
Physical examination (check if normal, describe if abnormal):

☐ Neuro	______________	☐ Chest	______________
☐ Head	______________	☐ Breast	______________
☐ Eyes	______________	☐ Abdomen	______________
☐ Ears	______________	☐ Back	______________
☐ Nose	______________	☐ Neck	______________
☐ Throat	______________	☐ Upper Ext.	______________
☐ Mouth	______________	☐ Lower Ext.	______________

Was lubricant used for exam: ☐ Yes ☐ No If yes, type: ______________________

Female	**WNL**	Describe (use diagram for injuries and note here – if not done, note not done.)
Tanner Stage		☐ I. ☐ II. ☐ III. ☐ IV. ☐ V.
Mons Pubis	☐	
Clitoral hood/clitoris	☐	
Labia majora	☐	
Labia minora	☐	
Urethral meatus	☐	
Posterior fourchette	☐	
Fossa navicularis	☐	
Vaginal opening	☐	
Hymen	☐	
Vagina	☐	
Cervix	☐	
Perianal skin	☐	
Anus	☐	
Buttocks	☐	
Anoscope/rectum	☐	**(if indicated)**





 Examiner Signature: ______________________

VIII. MEDICAL FORENSIC EXAM (MALE)

Affect assessment (describe behavior-awake, alert, sleeping, flat, quiet, crying, etc.):

____

____

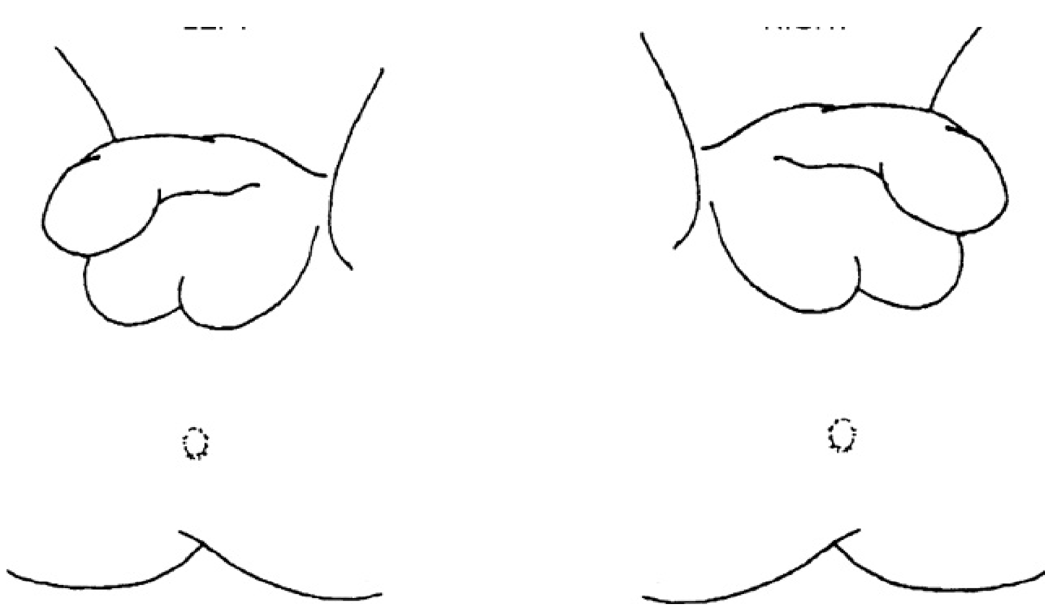
____

Physical examination (check if normal, describe if abnormal):

☐ Neuro	______	☐ Chest	______
☐ Head	______	☐ Breast	______
☐ Eyes	______	☐ Abdomen	______
☐ Ears	______	☐ Back	______
☐ Nose	______	☐ Neck	______
☐ Throat	______	☐ Upper Ext.	______
☐ Mouth	______	☐ Lower Ext.	______

Circumcised: ☐ Yes ☐ No

Male	**WNL**	Describe (use diagram for injuries and note here – if not done, note not done.)
Tanner Stage		☐ I. ☐ II. ☐ III. ☐ IV. ☐ V.
Foreskin	☐	______
Glans penis	☐	______
Penile Shaft	☐	______
Urethral meatus	☐	______
Scrotum	☐	______
Testes	☐	______
Perineum	☐	______
Rectum	☐	______
Anus	☐	______
Perianal skin	☐	______
Buttocks	☐	______
Anoscope/rectum	☐	(if indicated) ______
Other	☐	______

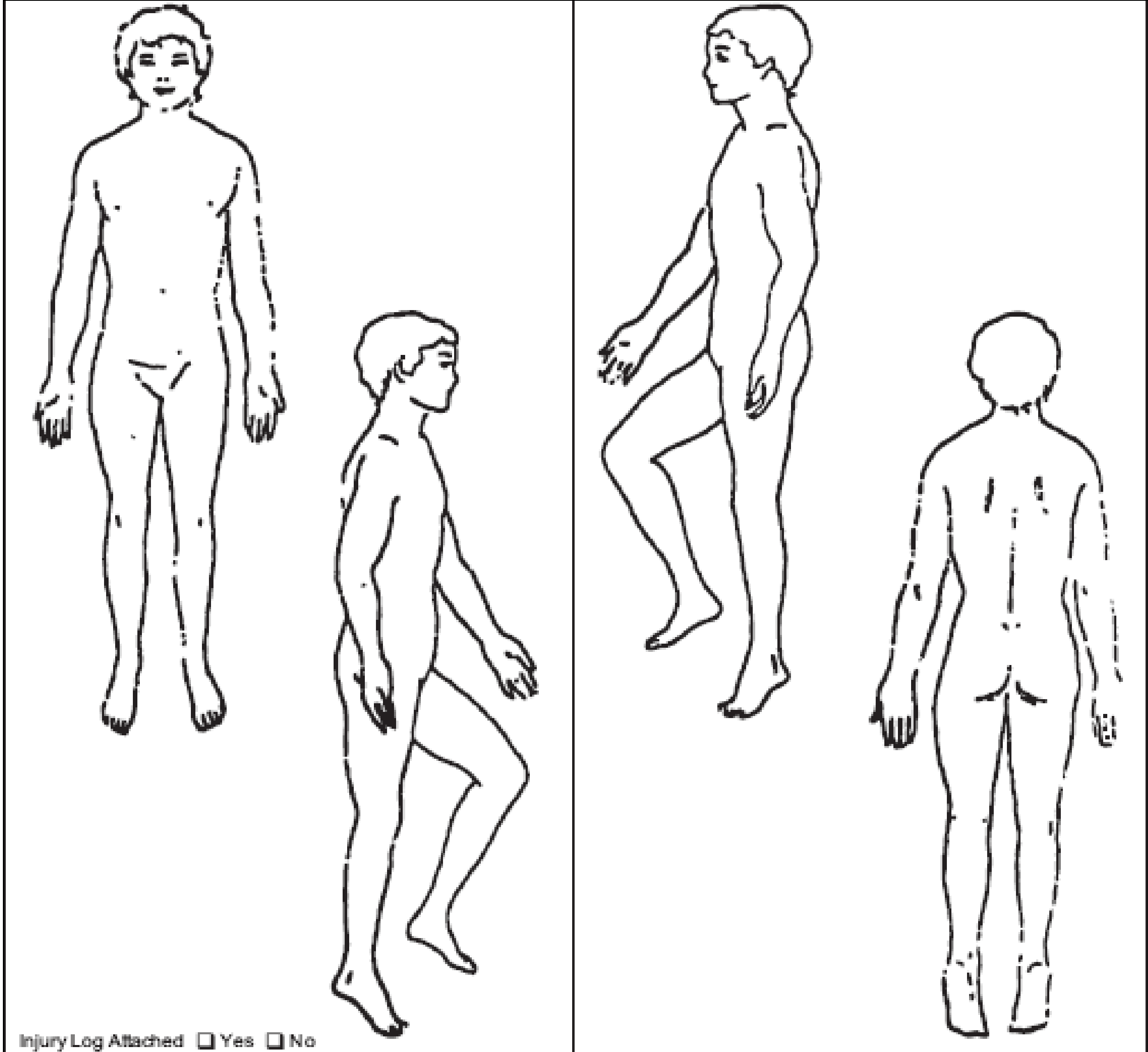


Examiner Signature: ______________________________

IX. ADULT BODYGRAM

Diagram Key (shade tender areas) A = Abrasion AL = Alternate Light Source B = Bruising BI = Bite BU = Burn
CN = Contusion FB = Foreign body/debris KW = Knife Wound LA = Laceration PE = Petechiae R = Redness
S = Swelling SHX = Sample per history SI = Suction Injury T = Tear TE = Tenderness OI = Other Injury

DIAGRAM A:	**DIAGRAM B:**



____
____
____

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

X. ADULT BODYGRAM

Diagram Key (shade tender areas) A = Abrasion AL = Alternate Light Source B = Bruising BI = Bite BU = Burn
CN = Contusion FB = Foreign body/debris KW = Knife Wound LA = Laceration PE = Petechiae R = Redness
S = Swelling SHX = Sample per history SI = Suction Injury T = Tear TE = Tenderness OI = Other Injury

DIAGRAM C:

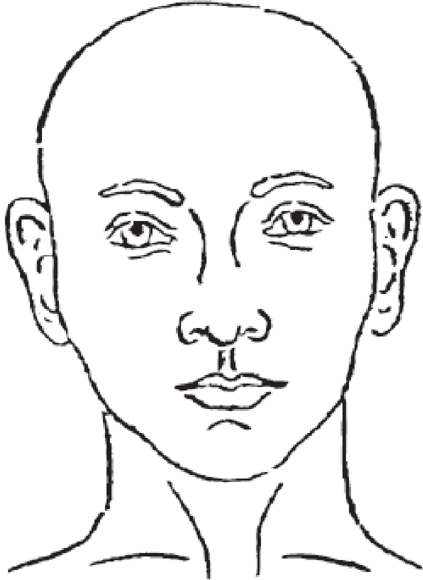


DIAGRAM D:

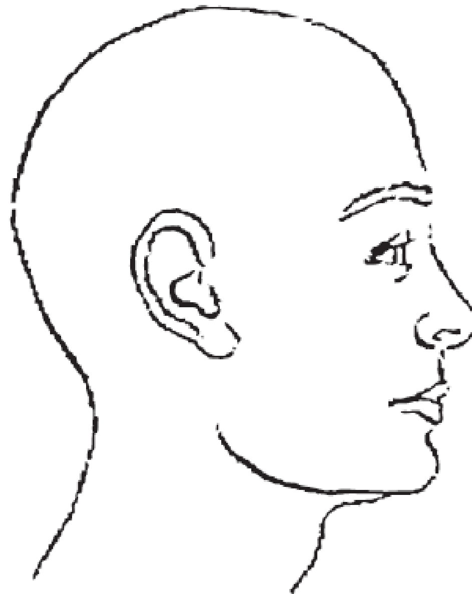


DIAGRAM E:

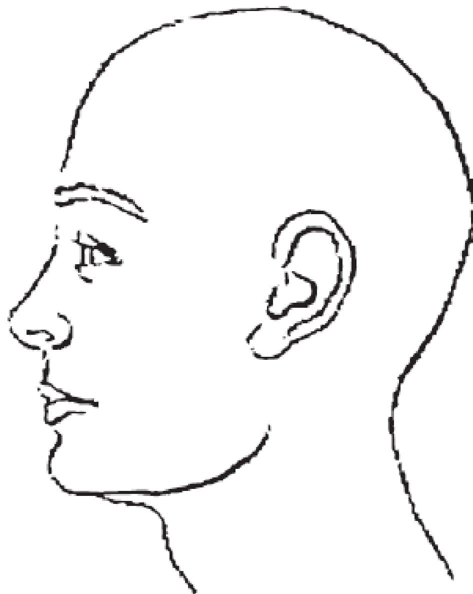
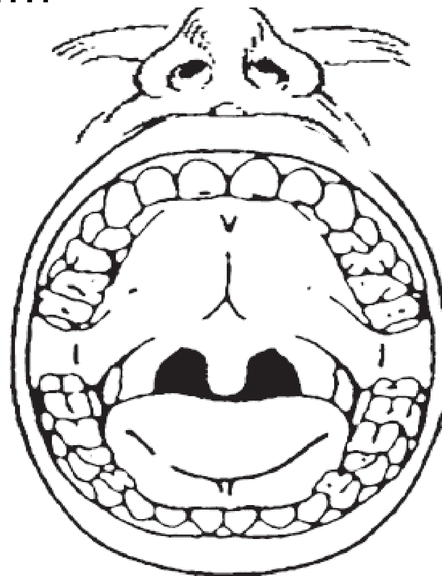


DIAGRAM F:



____

____

____

____

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

XI. INJURY LOG

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

Injury #	Diagram #	Key Code	Photos Taken	Description

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

XII. EVIDENCE COLLECTION

(Follow SAFE kit guidelines. Clearly identify, date, initial and seal all containers.) Check specimens obtained.

A. Clothing worn at time of assault: ☐ Obtained ☐ Not Obtained ☐ N/A

- Have patient undress on large paper sheet.
- Bag clothing individually in paper bags.
- Paper sheet should be folded and placed in paper bag/
- All bags should be sealed and labeled with patient name, date, time and your initials.

List articles of clothing:

______________________________ ______________________________
______________________________ ______________________________
____
______________________________ ______________________________

B. Hair ☐ Obtained ☐ Not Obtained ☐ N/A

- Pull or comb 24-30 hairs from various areas of head.
- Place in envelope.
- Seal and label envelope

C. Oral Swabs (collect 4): ☐ Obtained ☐ Not Obtained ☐ N/A

- Swab the inner cheek and gum line of mouth with 4 sterile swabs.
- Dry swabs and place in envelope.
- Seal and label envelope.
- Label purpose of collection (seminal fluid/DNA standard).

D. Alternate Light Source (Blue Maxx if available) Examination: ☐ Obtained ☐ Not Obtained ☐ N/A

Fluoresced: ☐ Positive ☐ Negative

Swabs Obtained: ☐ Yes ☐ No

- Use an alternate light source to examine skin and hair for possible seminal fluid or other body fluids.
- If area fluoresces, collect the sample with water moistened swab(s).
- Place in appropriate envelope.
- Seal and label envelope.

E. If bite marks are present: ☐ Obtained ☐ Not Obtained ☐ N/A

Site(s) swab taken: ______________________________

- Apply water moistened swab to suspected area to obtain assailant's saliva.
- The neck and breasts of females and the back and shoulders of males may be additional sites and should be swabbed, especially if reddening appears in these areas.
- Dry swab and place in envelope.
- Seal and label envelope.

Cleanse bite or scratch marks. ☐ Done ☐ Not Done ☐ N/A

F. Pubic Hair Combings: ☐ Obtained ☐ Not Obtained ☐ N/A

- Comb pubic area and place comb, loose hair and any foreign debris in envelope.
- Seal and label envelope.

G. Vaginal Swabs: ☐ Obtained ☐ Not Obtained ☐ N/A

- Saturate 4 swabs in <u>vaginal fluid</u>, 2 at a time.
- Smear 1 glass slide.
- Dry swabs and slide and place in envelope/slide holder.
- Seal and label envelope/slide holder.

H. Cervical Swabs: ☐ Obtained ☐ Not Obtained ☐ N/A

- Swab the cervix with 4 sterile cotton swabs, 2 at a time.
- Smear 1 glass slide.
- Dry swabs and slide and place in envelope/slide holder.
- Seal and label envelope/slide holder.

I. For Rectal Sodomy: ☐ Obtained ☐ Not Obtained ☐ N/A

- Collect 4 rectal swabs, 2 at a time.
- Smear on 1 glass slide.
- Dry swabs and slide and place in envelope/slide holder.
- Seal and label envelope/slide holder.

J. Additional Evidence: ☐ Obtained ☐ Not Obtained ☐ N/A

- Site(s): ______________________________
- Site(s): ______________________________
- Site(s): ______________________________
- Site(s): ______________________________
- Site(s): ______________________________
- Site(s): ______________________________
- Site(s): ______________________________
- Site(s): ______________________________
- Site(s): ______________________________

K. Photographs: ☐ Obtained ☐ Not Obtained ☐ N/A

- Taken by Whom: ______________________________
- Camera/equipment used: ______________________________
- See bodygram for photographs taken

XIII. POLICE DEPARTMENT RECEIPT OF PERSONAL BELONGINGS AND SPECIMENS

This is to certify that on ____________ **(date) at** ____________ **(time) personal belongings and/or specimens were:**

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

______________________________	______________________________	________
(printed name of receiving agency)	(Signature and title of receiving agency)	Date
______________________________	______________________________	________
(RN signature)	(SANE #)	Date

*Include copies of pages 1 – 12 in the SAFE Kit.

XIV. HIV RISK ASSESSMENT FOR Post-exposure Prophylaxis (Discuss with Physician if "yes")

a. Vaginal or anal penetration ☐ Yes ☐ No ☐ Unknown
b. Ejaculation occurred on mucous membranes ☐ Yes ☐ No ☐ Unknown
c. Multiple Assailants ☐ Yes ☐ No ☐ Unknown
d. Mucosal lesions present in patient ☐ Yes ☐ No ☐ Unknown
e. Drug use by assailant (IV crack, cocaine, etc.) ☐ Yes ☐ No ☐ Unknown
f. Assailant having multiple sexual partners ☐ Yes ☐ No ☐ Unknown
g. Male assailant having sex with other males ☐ Yes ☐ No ☐ Unknown
h. Sex industry/human trafficking ☐ Yes ☐ No ☐ Unknown
(describe) ______________________________

***See HIV Algorithm for a more complete assessment**

XV. TREATMENT

	YES	NO	
a. STI Prophylaxis			
- Chlamydia prophylaxis	☐	☐	____________
- Gonorrhea prophylaxis	☐	☐	____________
- BV/trichomonas prophylaxis	☐	☐	____________
b. Negative Pregnancy Test	☐	☐	____________
c. Emergency Contraception offered	☐	☐	____________
d. Tetanus immunization	☐	☐	____________
e. Hepatitis B. Vaccine	☐	☐	____________
f. HIV nPEP	☐	☐	____________
g. Other Medications	☐	☐	

XVI. FOLLOW UP AND REFERRALS

	YES	NO	
a. Referral packet given	☐	☐	
b. Counseling/social worker	☐	☐	
c. Crisis intervention agency	☐	☐	Agency: ____________
d. Practitioner follow-up	What service?		____________

*<u>DO NOT</u> Include this Page in SAFE Kit.