CRIME VICTIMS COMPENSATION PROGRAM
SEXUAL ASSAULT EXAM REPORT

Exam performed in:	Exam Level / Billing Code:
☐ Office, Independent Clinic	☐ No Exam / 0130C ☐ Level 2 / 0132C (46 – 119 minutes)
☐ Hospital (ED or floor)	☐ Level 1 / 0131C (5 – 45 minutes) ☐ Level 3 / 0133C (120 + minutes)

Time elapsed since assault: ___ Hours ___ Days ___ Months ___ Unknown _____ Pt. age at Exam (yrs)

Circumstances of visit:

Address or approximate location of assault:		City and state where assault occurred:	
At the time of the assault, was the victim confined in any county or city jail, federal jail or prison or in any other federal institution, or any state correctional institution maintained and operated by the Department of Social and Health Services or the Department of Corrections? If yes, where? _____	☐ No ☐ Yes	Was the victim confined or living in any other institution maintained and operated by the Department of Social and Health Services or the Department of Corrections? If yes, where? _____	☐ No ☐ Yes
Physical exam completed?	☐ No ☐ Yes	Sexual assault evidence kit completed?	☐ No ☐ Yes
Colposcopy performed?	☐ No ☐ Yes	Anoscopy performed?	☐ No ☐ Yes
Medication given: **(Bill Separately)** Prophylaxis for STD's Hepatitis B Vaccine Tetanus Vaccine	 ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes	Medication given: **(Bill Separately)** Prophylaxis for HIV (3 day supply) Emergency Contraception Lab Work	 ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes

Exam performed by (name)	Form completed by (name)
_____ (print) ☐ RN ☐ MD ☐ PA-C ☐ ARNP ☐ DO ☐ Other _____	_____ (print) _____ (signature)

Additional comments:

Claimant (patient) Name – may use patient ID label:	Medical facility where exam performed
_____ Med Record # _____ Gender ☐ F ☐ M Date of Birth _____	_____ Date of exam: __ __ / __ __ / __ __ __ __ Month Day Year

A health services provider who requests from the department payment for providing services shall maintain all records necessary for the director's authorized auditors to audit the provision of services. A provider shall keep all records necessary to disclose the extent of services the provider furnishes to a victim of crime. At a minimum, these records must provide and include prompt and specific documentation of the level and type of service for which payment is sought. Records must be maintained for audit purposes for a minimum of five years.