Name: _____

Date: _____ D/P#: _____

Date/Time of Assault: _____

Date/Time of Exam: _____

County Hospital
Supplemental Sexual Assault Documentation Form

Number of Assailants: _____ Gender of Assailants: _____

Location of Assault: _____

HISTORY OF ASSAULT

	Y	N
Physical Violence	( )	( )
Tied	( )	( )
Forced	( )	( )
Held	( )	( )
Struck	( )	( )
Weapons Used	( )	( )
Gun	( )	( )
Knife	( )	( )
Other _____	( )	( )
Weapons Alluded to	( )	( )
Gun	( )	( )
Knife	( )	( )
Other _____	( )	( )
Oral Peneteration	( )	( )
Rectal Peneteration	( )	( )
Vaginal Peneteration	( )	( )
Digital Peneteration	( )	( )
Foreign Body Peneteration	( )	( )
Fondling	( )	( )
Ejaculation by Assailant	( )	( )
Use of Condom by Assailant	( )	( )

ACTIVITY AFTER ASSAULT

	Y	N		Y	N
Bath	( )	( )	Urinate	( )	( )
Shower	( )	( )	Vomited	( )	( )
Change Clothes	( )	( )	Brushed Teeth	( )	( )
Douche	( )	( )	Gargled	( )	( )
Deficate	( )	( )	Rinsed Mouth	( )	( )

PRIOR OB/GYN HISTORY

LMP: _____

Birth Control Method Normally Used: _____

When Used Last: _____

Date of Last Voluntary Intercourse: _____

With Whom: _____

Hx of STD's and Tx: _____

_____

PHYSICAL EXAM: (see also anatomical diagrams)

	Head	Face	Neck	Chest	Adbomen	Back	Arms	Legs
Bruises	( )	( )	( )	( )	( )	( )	( )	( )
Lacerations	( )	( )	( )	( )	( )	( )	( )	( )
Blood	( )	( )	( )	( )	( )	( )	( )	( )
Fractures	( )	( )	( )	( )	( )	( )	( )	( )

GENITAL EXAM: (see also anatomical diagrams)

	Perineum	Hymen	Vagina	Cervix	Anus	Penis	Scrotum
Bruises	( )	( )	( )	( )	( )	( )	( )
Lacerations	( )	( )	( )	( )	( )	( )	( )
Blood	( )	( )	( )	( )	( )	( )	( )
Fluid	( )	( )	( )	( )	( )	( )	( )

NARRATIVE (Hx/Phy. Exam/Mental State/etc.): _____

_____

_____

_____

_____

PHYSICIAN'S FINDINGS/IMPRESSIONS: _____

_____

_____

_____

_____

_____

DIAGNOSTIC TESTS ORDERED: VDRL _____ GC Culture _____ Site: _____

Chlamydia _____ Site: _____ Other: _____

TREATMENT

Y	N	
( )	( )	Tetanus Toxoid Dose/Site/Time:
( )	( )	Prophylaxis for STD, Drug/Dose/Site/Time:

TREATMENT

Y	N		Y	N	
( )	( )	GYN/MEDICAL/STD follow-up appointment	( )	( )	PERK Kit Completed
( )	( )	Social Services/Mental Health Notified	( )	( )	Sexual Assault Exam Form PAC-4 completed
( )	( )	Police Department Notified	( )	( )	Authorization/Release Form PAC-5 done
( )	( )	Written Patient Instructions Given			

_____ _____

Physician's Signature/Date Nurse's Signature/Date