



0200002

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME &amp; MR#

## Adult/Adolescent Sexual Assault Examination

### TIMES (24hr)

Patient Arrival		Triage	
FNE Paged		Page Acknowledged	
FNE Arrival		FNE-Patient Contact	
Exam Begun		Exam Complete	
Evidence Transferred		Patient Discharged	

### PATIENT INFORMATION

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 LMP: \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ AB \_\_\_\_\_  
 Current Contraception: \_\_\_\_\_ Missed doses in last 30 days? ☐ YES ☐ NO  
 Date/Time of last consensual intercourse: \_\_\_\_\_ Type: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Race: \_\_\_\_\_

### EVENT INFORMATION

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_  
 Name of Assailant(s): \_\_\_\_\_  
 Age(s): \_\_\_\_\_ Race(s): \_\_\_\_\_ Locality: \_\_\_\_\_  
 Place of Event: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
 Description of Event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Strangulation: ☐ YES ☐ NO Drug-facilitated: ☐ YES ☐ NO Investigator: \_\_\_\_\_  
 FNE Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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ACTS PER PATIENT				
<b>VAGINAL CONTACT/ PENETRATION</b>	<b>YES/DESCRIBE</b>	<b>NO</b>	<b>ATTEMPT</b>	<b>NOT SURE</b>
PENIS				
FINGER				
OBJECT				
<b>RECTAL CONTACT/ PENETRATION</b>	<b>YES/DESCRIBE</b>	<b>NO</b>	<b>ATTEMPT</b>	<b>NOT SURE</b>
PENIS				
FINGER				
OBJECT				
<b>ORAL- GENITAL SEX</b>	<b>YES/DESCRIBE</b>	<b>NO</b>	<b>ATTEMPT</b>	<b>NOT SURE</b>
OF VICTIM BY ASSAILANT				
OF ASSAILANT BY VICTIM				
<b>ORAL- ANAL SEX</b>	<b>YES/DESCRIBE</b>	<b>NO</b>	<b>ATTEMPT</b>	<b>NOT SURE</b>
OF VICTIM BY ASSAILANT				
OF ASSAILANT BY VICTIM				
<b>MASTURBATION</b>	<b>YES/DESCRIBE</b>	<b>NO</b>	<b>ATTEMPT</b>	<b>NOT SURE</b>
OF VICTIM BY ASSAILANT				
OF ASSAILANT BY VICTIM				
<b>DID EJACULATION OCCUR</b>	<b>YES/DESCRIBE</b>	<b>NO</b>	<b>ATTEMPT</b>	<b>NOT SURE</b>
VAGINALLY				
ANALLY				
OTHER				

FNE Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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ACTS PER PATIENT				
OTHER INFO	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
LUBRICANT				
FOAM OR JELLY				
FONDLING/KISSING				
BITING				
HICKEYS				
OTHER				
SINCE THE EVENT	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
BATHED/WASHED WIPE				
DOUCHED				
URINATED				
DEFECATED				
BRUSHED TEETH				
VOMITED				
CHANGED CLOTHES				
USED CONTRACEPTION				
HAD CONSENSUAL SEX				
DID ASSAILANT	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
USE A WEAPON				
BIND, GAG, OR BLINDFOLD				
USE A CONDOM				
INDICATE HIV+				
INDICATE STERILITY				
FNE Signature: _____ Print Name: _____ Date/Time: _____				

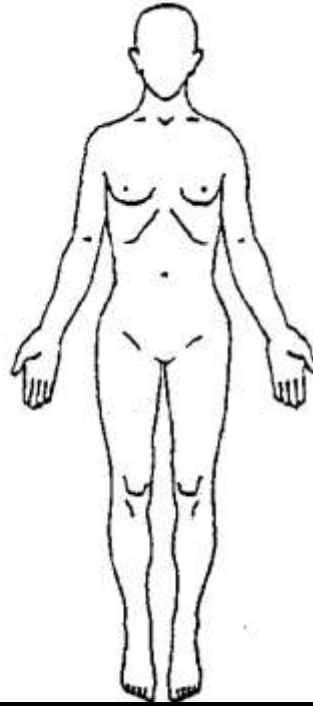
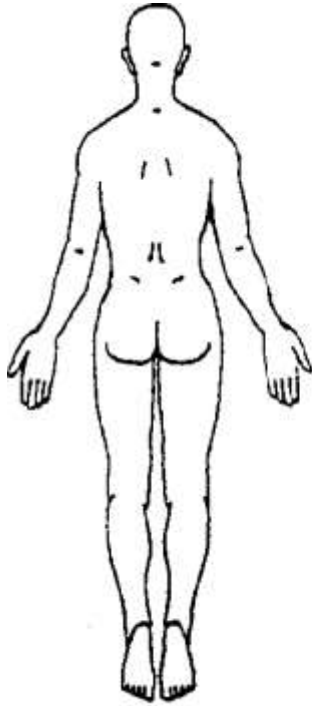


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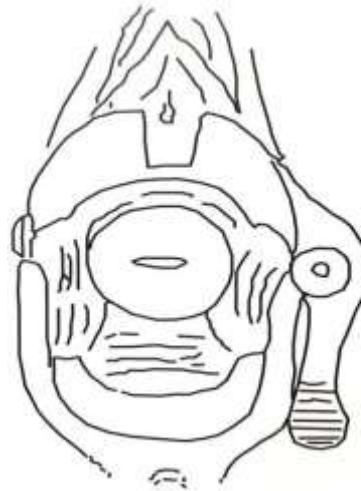
## BODY DIAGRAMS



ALS Fluorescence:

## GENITAL DIAGRAMS

Toluidine Uptake:



FNE Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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### ADDITIONAL EVIDENCE COLLECTED

TYPE	SITE
FOREIGN MATERIAL	
NAIL SCRAPINGS	
PHOTOGRAPHS OF PHYSICAL INJURIES	
PHOTOGRAPHS OF GENITAL INJURIES	

### CLOTHING

ARTICLE	APPEARANCE	ODOR	PHOTOGRAPHED	COLLECTED

### TREATMENT

### DRUG FACILITATED

TEST	OFFERED	COLLECTED	PROPHYLAXIS	URINE (120HR)	
PREGNANCY				BLOOD (24HR)	
WET PREP				<b>DISCHARGE</b>	
GONORRHEA					
CHLAMYDIA				SEXUAL ASSAULT DC BOOK	
SYPHILIS				SARA INFORMATION	
HERPES				FOLLOW-UP APPOINTMENT	
HIV				CICF FORM	
HEPATITIS				STUDENT INFOGRAPHIC	
CBC & PLT				BLIND CONSENT FORM	
CMP				PRESCRIPTIONS	

FNE Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_