UVA Health

0200002

PLACE LABEL HERE.

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

Strangulation Examination

Date of event:___/___/____Time of event:_____AM / PM Location: _____

Date of exam:___/___/____Time of exam:_____AM / PM Jurisdiction: _____

Perpetrator Name:_____ Age: _____

Race:_____Relationship to patient: _____

Exam Authorization:_____ UVA Social Worker: _____

Description of event: _____

_____

_____

_____

_____

Sensory Perceptions during Event(s)

Seen:_____

Heard:_____

Felt:_____

Thoughts:_____

Perpetrator's Words: _____

Loss of Consciousness? ☐ YES ☐ NO Incontinent? ☐ YES ☐ NO Sexual Assault? ☐ YES ☐ NO

Event Specifics

Method:

MANUAL	LIGATURE
1 HAND 2 HANDS FOREARM	Describe:_____
KNEE FOOT CHOKEHOLD	_____
RIGHT or LEFT	

Position of patient: ☐ STANDING ☐ SITTING ☐ SUPINE ☐ PRONE ☐ LATERAL LIE - R / L

Position of perpetrator to patient: ☐ FRONT ☐ RIGHT SIDE ☐ LEFT SIDE ☐ BACK

Number of event(s):_____ Duration of event(s):_____ Pressure?_____/ 10

Was patient ☐SMOTHERED ☐SUFFOCATED ☐SHAKEN? Head struck against object? ☐YES ☐NO

Jewelry worn by perpetrator: _____

Other assaults/injuries? _____

FNE Signature:_____Print Name:_____Date/Time: _____

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REPORTED SYMPTOMS

Respiratory

- ☐Difficulty Breathing
- ☐Unable to Breath
- ☐Coughing
- ☐Hemoptysis
- ☐Hyperventilation
- ☐Other:

Voice

- ☐Raspy
- ☐Hoarse
- ☐Unable to speak/No voice
- ☐Only able to whisper
- ☐Other:

Swallowing

- ☐Trouble swallowing
- ☐Painful to swallow
- ☐Neck pain ____/10
- ☐Nausea
- ☐Vomited/vomiting
- ☐Neck swollen
- ☐Drooling
- ☐Other:

Behavioral

- ☐Agitation
- ☐Amnesia
- ☐Hallucinations
- ☐Restlessness or combativeness
- ☐Memory Loss
- ☐Other:

Neurological

- ☐Dizziness
- ☐Headache ____/10
- ☐Light-headedness
- ☐Felt faint
- ☐Lost Consciousness
- ☐Involuntary Urination
- ☐Involuntary Defecation
- ☐Tinnitus
- ☐Other:

VISIBLE SIGNS

Face

- ☐Red or flushed
- ☐Petechiae
- ☐Scratch marks
- ☐Bruise(s)
- ☐Abrasion (s)
- ☐Other:

Eyes

- ☐Right Eyeball
- ☐Left Eyeball
- ☐Right Eyelid
- ☐Left Eyelid
- ☐Subconjunctival Hemorrhage:
- ☐Right ☐Left
- ☐Other:

Nose

- ☐Bloody Nose
- ☐Broken Nose
- ☐Petchiae
- ☐Other:

Head

- ☐Petachiae
- ☐Bald spot
- ☐Contusion
- ☐Skull Fracture
- ☐Concussion
- ☐Other:

Ears

- ☐Petechiae:
  - ☐Right external/canal
  - ☐Left external/canal
- ☐Bleeding EAC:
  - ☐Right ☐Left
- ☐Injury behind ear:
  - ☐Right ☐Left

Mouth

- ☐Bruising
- ☐Swollen tongue
- ☐Swollen lips
- ☐Cuts/abrasions
- ☐Petechiae
- ☐Tongue Bites
- ☐Other:

Under Chin

- ☐Redness
- ☐Petechiae
- ☐Scratch Marks
- ☐Bruise(s)
- ☐Abrasion(s)
- ☐Other:

Chest

- ☐Redness
- ☐Scratch Marks
- ☐Bruise(s)
- ☐Abrasion(s)
- ☐Other:

Shoulders

- ☐Redness
- ☐Scratch Marks
- ☐Bruise(s)
- ☐Abrasion(s)
- ☐Elbow Abrasions
- ☐Other:

Neck

- ☐Redness
- ☐Scratch Marks
- ☐Finger Nail Impressions
- ☐Bruise(s)
- ☐Swelling
- ☐Ligature Mark
- ☐Pattern Injury
- ☐Other:

Hands

- ☐Scratch Marks
- ☐Fingernail Debris
- ☐Swelling
- ☐Other:

FNE Signature: _____ Print Name: _____ Date/Time: _____

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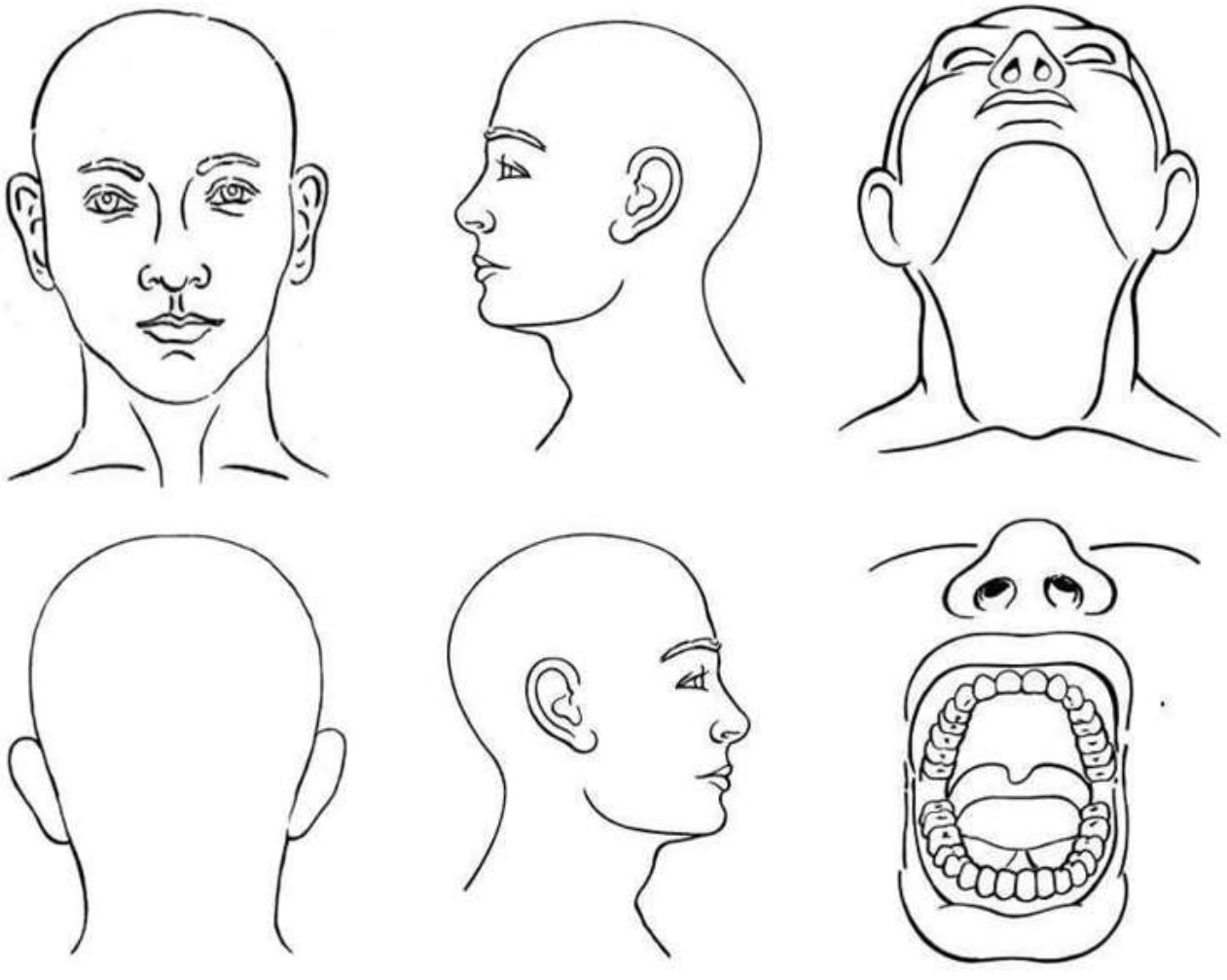
NON-PHOTOGRAPHIC EVIDENCE COLLECTED

DNA Swabs	Nail Scrapings	Other
☐Neck ☐Bite Mark: _____ ☐Saliva: _____ ☐Semen:_____ ☐Other:	☐Right Hand ☐Left Hand ☐Right Foot ☐Left Foot	☐Neck Circumference _____cm ☐PERK ☐Other:

HEAD AND NECK DIAGRAMS



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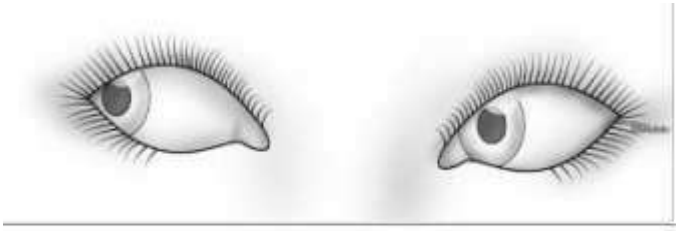
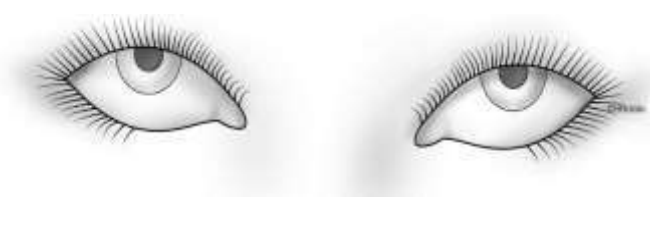
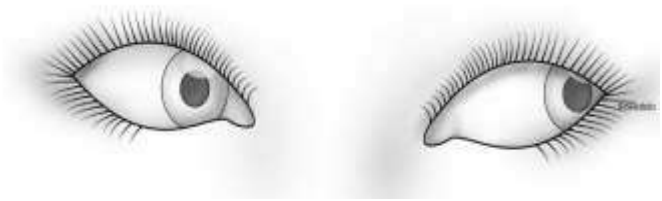
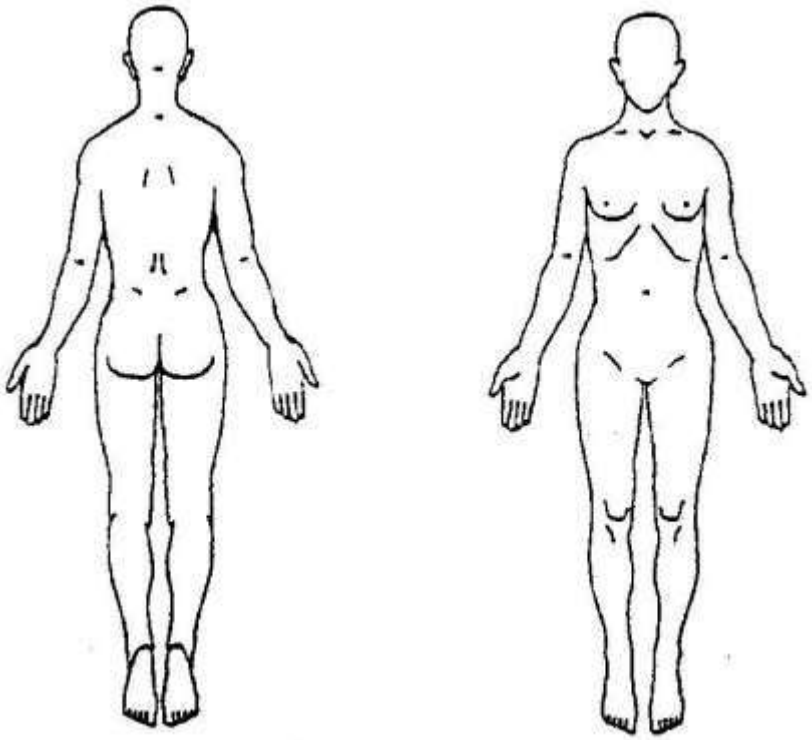
EYE DIAGRAMS







BODY DIAGRAMS



FNE Signature:_____ Print Name:_____ Date/Time: _____