Patient Name or ID Label

Serving Arkansas Neighbors Everywhere
UAMS Institute for Digital Health & Innovation
Sexual Assault Assessment Program

Sexual Assault Medical Forensic Record

A. GENERAL INFORMATION				**Medical Record Number:**
1a. Date:	**1b. Patient Arrival Time:**	**1c. Exam Start Time:**	**1d. Patient Name:**	
2a. Date of Birth:	**2b. Race:**		**2c. Patient Contact Number:**	
3a. Gender:	**3b. Sex Assigned at Birth:**		**3c. Patient Address:**	
4a. Examiner:			**4b. Examiner Contact Number** (facility)**:**	
5a. Law Enforcement Agency with Jurisdiction (even if not reporting)**:**			**5b. Agency Contact Number:**	
6a. Advocate/Assistant/Observer:			**6b. Advocacy Agency:**	
7a. Time TeleSANE Consultant joined exam:	**7b. TeleSANE Consultant Name:**		**NOTE: If TeleSANE consultant used, additional Medical Records are with the UAMS TeleSANE Program. To request records, please call 501-686-8500 or email TeleSANE@uams.edu.**	

B. MEDICAL HISTORY			
1a. Name of Person Providing History *(& relationship if other than patient):*	**1b. Language Preferred & Interpreter if used:**		
2a. Allergies:	**2b. Current Medications:**		
3a. Past Medical History:	**3b. Surgical History:**		
4a. Any recent (60 days) anal-genital surgeries, procedures, diagnostic tests, or medical treatment? ☐ YES ☐ NO	**4b. Last menstrual period:**	**4c. Gravida:**	**4d. Para:**

C. ASSAULT HISTORY	
1a. Date and Time of Assault:	**1b. Number of Assailants and Relationship to Patient (Stranger, Acquaintance, Friend, Spouse, Partner, etc.:**
1c. Location and Physical Surroundings of Assault if Known (City, State, Street, Bed, Car, Rug, Floor, etc…)	
2. Loss of Memory or Lapse of Consciousness? **☐ YES* ☐ NO ☐ UNSURE***	*If "yes" or "unsure", collection of toxicology samples is recommended- if within 24 hours, collect 12mL of blood in grey or purple top tube ASAP and 120mL (30mL minimum) of urine after evidence collection (avoid wiping genitals if collected prior to evidence collection). If greater than 24 hours and less than 120 hours, Collect urine only.

Signature: _____ Date: _____ Time: _____

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3. PATIENT'S DESCRIPTION OF ASSAULT

This is to be completed by ONE examiner.

- *Description of assault is not an exhaustive account of every detail of the sexual assault. It is a brief description for the purposes of diagnosis and treatment.*
- *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 and is directly related to the patient's health and medical treatment such as brief description of surroundings, threats, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation, patient's emotional states before, during, and after.*
- *Record patient's own terminology. Do NOT sanitize language.*

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Patient's Description of Assault Continued *(if not needed, draw a line through this section, do not discard)*:

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D. ACTS DESCRIBED BY PATIENT *any penetration, however slight, of the labia or rectum by a body part or foreign object should be noted	YES	NO	ATTEMPT	UNSURE	**Further description, if needed (if more than 1 assailant, identify)**
1. Penetration of the Vagina by: Penis					
Finger					
Foreign Object					DESCRIBE OBJECT:
2. Penetration of the Anus by: Penis					
Finger					
Foreign Object					DESCRIBE OBJECT:
3. Oral touching of genitals: Patient by assailant					
Assailant by patient					
4. Oral touching of anus Patient by assailant					
Assailant by patient					
5. OTHER ACTS:					
6. Did ejaculation occur?					
IF YES, DESCRIBE					
7. Condom used?					*(If yes, where is it now?)*
8. Lubricant/jelly/other used?					
9. Vomiting during assault?					*(Specify who)*
10. Pre-existing Physical Injuries?					
11. Drug or Alcohol used by Client?					☐ Voluntary ☐ Forced *Describe*:
12. Drug or Alcohol used by Assailant?					
13. Circle: Biting, Licking, Kissing, or Sucking?					*Location on Body:*
14. Patient's position(s) during assault:					

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E. METHODS/FORCE USED BY ASSAILANT	YES	NO	UNSURE	AREA OF BODY
1. Weapon Inflicted Injuries				
TYPE OF WEAPONS				
2. CIRCLE: Physical blows by: Hands or Feet				
3. CIRCLE: Grabbing, Grasping, Holding				
4. Physical Restraints				
DESCRIBE				
5. Strangulation or Smothering? ***(see page 6)***				
6. Was assailant injured?				
7. Threats of harm?				
TYPE/TO WHO				

F. POST-ASSAULT HYGIENE/ACTIVITY *Not Applicable if over 120 hours, unless exemptions apply*	YES	NO
1. Urinated		
2. Defecated		
3. Genitals Wiped or Washed		
4. Shower or Bath		
5. Removed or Inserted Object (*Tampon, Douche etc.)*		
6. Brushed Teeth or Smoked		
7. Oral Gargle or Swish		
8. Changed Clothing		
9. Ate or Drank		
10. Vomited		

8. Non-genital injury, pain, and/or bleeding? ***If yes, please describe.*** ☐ **Yes** ☐ **No**

9. Anal-genital injury, pain, and/or bleeding? ***If yes, please describe.*** ☐ **Yes** ☐ **No**

G. PREVIOUS CONSENSUAL INTERCOURSE?
Within last 120 hours: No Yes

☐ Vaginal *DATE:*
Condom use? Yes No

☐ Anal *DATE:*
Condom use? Yes No

☐ Oral *DATE:*
Condom use? Yes No

10. Describe condition of patient's clothing upon arrival:

11. General appearance/demeanor of patient: *avoid subjective interpretations of patient's mood and behavior (i.e. angry, sad, flat, anxious)*

- ☐ **Wringing Hands** ☐ **Downcast Eyes**
- ☐ **Fatigued** ☐ **Sluggish**
- ☐ **Quiet** ☐ **Shaking/trembling**
- ☐ **Rapid speech** ☐ **Speaks in Whispers**
- ☐ **Crying/tearful**

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H. Strangulation/Suffocation Assessment ☐ Not Applicable *(Patient denies occurrence of strangulation/smothering)*	
1. Strangulation/Smothering? *(circle one)* **Number of times**:	
2. Patient's description of strangulation/suffocation event:	
3. Method Used: ☐ One hand (R or L) ☐ Two hands ☐ Arm/Forearm (R or L) ☐ Knee/Foot ☐ Other_____ ☐ Ligature *(describe)*: _____ ☐ Approached from front ☐ Approached from behind	
4. How long did the strangulation/smothering last? _____Seconds _____Minutes ☐ Unsure	
5. From (low-1 to 10-high) how hard was the suspect's grip/pressure?	
6. From (low-1 to 10 -high) how painful was the strangulation/smothering?	
7. Jewelry worn on victim's neck? ☐ No ☐ Yes	**8. Head pounded against a hard surface?** ☐ No ☐ Yes ☐ Unsure
9. Patient's thoughts during strangulation/suffocation:	
10. Statements/Threats/Intimidation by assailant during strangulation/suffocation:	
11. Assess for the following symptoms and note when they occurred (check all that apply and describe)**:**	
☐ Difficulty breathing	☐ Vision Changes
☐ Drooling/spitting	☐ Hearing Changes
☐ Coughing	☐ Dizziness
☐ Difficult/painful swallowing	☐ Memory loss
☐ Throat or neck pain	☐ Disorientation
☐ Loss or change in voice	☐ Loss of Consciousness
☐ Nausea/vomiting	☐ Involuntary urination/defecation
☐ Headache	☐ Altered mental status
☐ Bleeding	☐ Restlessness
☐ Abdominal pain	☐ Agitation
	☐ Combativeness

Signature**:** _____ Date: _____ Time: _____

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I. Physical Exam					
1. Vital Signs	BP:	HR:	RR:	TEMP:	SpO2:
2. Pain Level (0-10 scale):		**2a. Location(s) of Pain:**			

3. Mental Status	☐ Alert	☐ Oriented	☐ Other	*describe:*
4. Pupils	☐ PEERLA		☐ Other	*describe:*
5. Airway	☐ Patent		☐ Other	*describe:*
6. Breathing	☐ Regular & Spontaneous		☐ Other	*describe:*
7. Breath Sounds (Bilateral)	☐ Clear	☐ Equal	☐ Other	*describe:*
8. Mucous Membranes	☐ Pink		☐ Other	*describe*:
9. Capillary Refill	☐ 3 seconds or less		☐ Great than 3 seconds	
10. Skin	☐ Warm ☐ Dry ☐ Cool ☐ Moist		☐ Other	*describe:*

1. Have client stand on an exam mat to disrobe and collect outer and under clothing, if necessary. Place each article of clothing in a separate bag, client's underwear should be placed in the bag provided in the sexual assault kit. Package exam mat if clothing worn on arrival is being collected for evidence.

2. Conduct a head-to-toe physical examination, assess for presence of injuries. Take a minimum of 3 photographs of each injury. There should be an orientation photo to show injury location, a close-up photo with a scale for measurement and a close-up photo without the scale.

   HEAD, FACE, MOUTH, NECK: ☐ Normal ☐ Abnormal, see injury log
   **in cases of stated strangulation, be sure to include eyes, eyelids, ears, soft pallet*

   CHEST/TRUNK, ABDOMEN: ☐ Normal ☐ Abnormal, see injury log

   PELVIS, BACK, LIMBS: ☐ Normal ☐ Abnormal, see injury log

3. Examine client's body with an Alternative Light Source (ALS), if available.
4. Collect dried and moist secretions, stains, and foreign materials from body.
5. Collect fingernail swabs or cuttings according to local policy, if indicated.
6. Collect 2 dry swabs from the oral cavity, up to 24 hours post assault.

Signature: _____ Date: _____ Time: _____

Sexual Assault Kit Tracking #: _____

J. GENITAL EXAMINATION

1. Examine the inner thighs, external genitalia, and perineal area.
2. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS.
3. Collect pubic hair combing or brushing.
4. Collect 2 lightly moistened swabs from: mons pubis, inguinal crease, external labia majora (female).
5. Examine vaginal vestibule.
6. **FEMALE**: Collect 2 lightly moistened swabs from female vaginal vestibule: inner aspect of labia majora, labia minora, clitoris, fossa navicularis, posterior fourchette, hymen
   MALE: Collect penile and scrotal swabs, if indicated, using 2 lightly moistened swabs for each.
7. Examine the vagina and cervix.
8. Collect 2 dry swabs from the vaginal vault (vaginal walls, posterior fornix, cervix, cervical os).
9. Examine the buttock and anus.
10. Collect dried and moist secretions, stains, and foreign materials.
11. Collect 2 anal and/or rectal swabs (depending on history, if both are collected, package separately) using 2 lightly moistened swabs.

K. FEMALE GENITAL	Normal	Abnormal	Comment
Labia Majora			
Clitoris			
Labia Minora			
Periurethral tissue/meatus			
Perihymenal tissue (vestibule)			
Hymen			
Fossa Navicularis			
Posterior Fourchette			

L. SPECULUM EXAM ☐ Speculum Exam Declined			
Vagina			
Cervix			

Genital Exam Done With: ☐ Direct Visualization ☐ Colposcope/magnification

Position Used for Genital Exam: ☐ Lithotomy ☐ Sitting ☐ Other:

Exam Techniques Used:
☐ Labial Separation & Traction ☐ Hymenal Tracing
☐ Balloon Catheter ☐ Large OB Swab

M. MALE GENITAL	Normal	Abnormal	Comment
Penis			
Circumcised ☐ Yes ☐ No			
Glans			
Shaft			
Base			
Urethral Meatus			
Scrotum			

N. Anal Exam	Normal	Abnormal	Comment
Buttocks			
Perineum			
Perianal Skin			
Anal verge/ folds/ rugae			
Tone			

Positions Used for Anal Exam:
☐ Supine Knee-Chest ☐ Other:
☐ Lithotomy

Additional Comments: (reason speculum not used, exam variations utilized, special considerations, etc.)

Signature: _____ Date: _____ Time: _____

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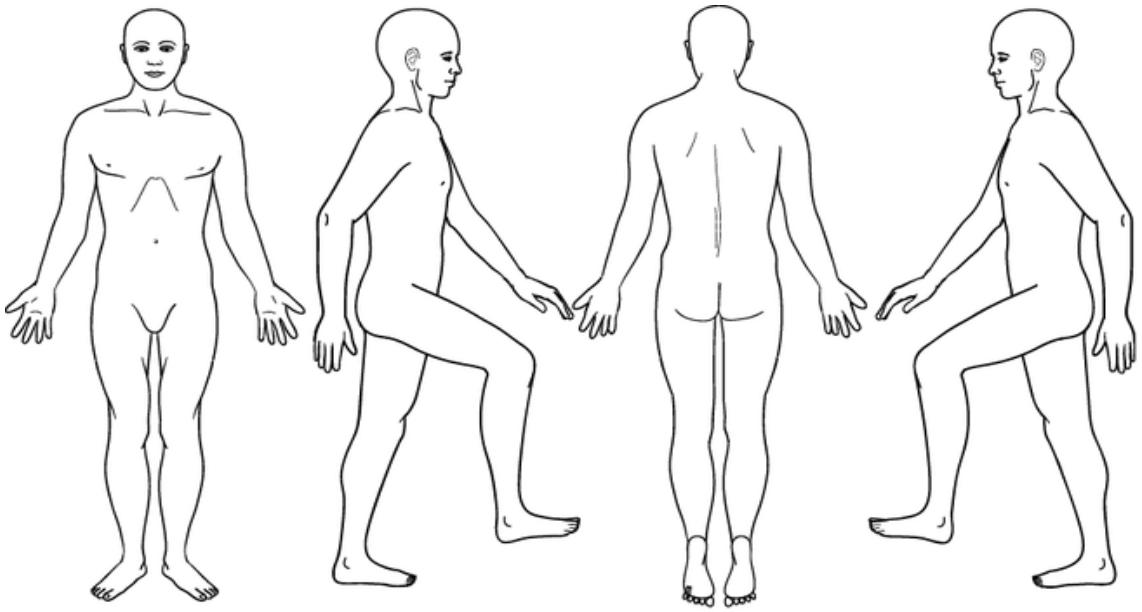
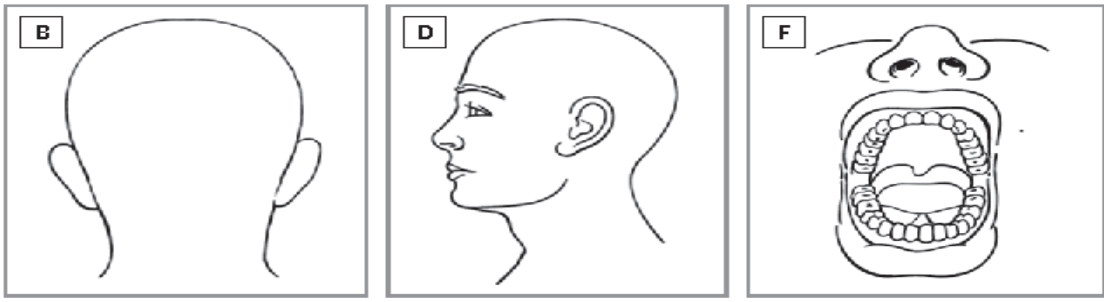
Body Map 1: Indicate area of injury and assign number to each injury. Describe each on injury log.

☐ **Within Normal Limits**





Signature: _____ Date: _____ Time: _____

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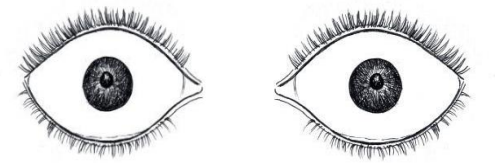
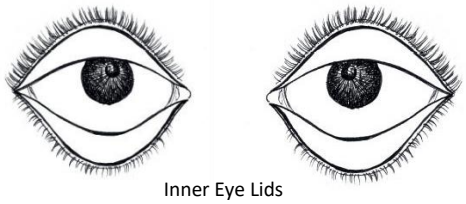
Body Map 2: Indicate area of injury and assign number to each injury. Describe each on injury log.

☐ **Within Normal Limits**

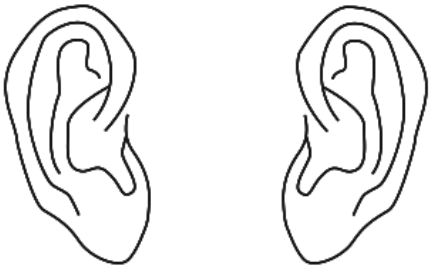


Conjunctiva



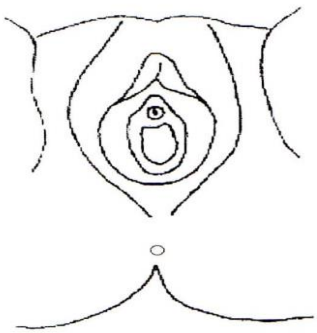
Inner Eye Lids

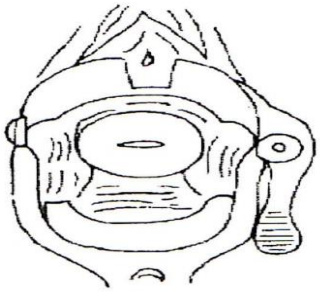
External Eye Lids

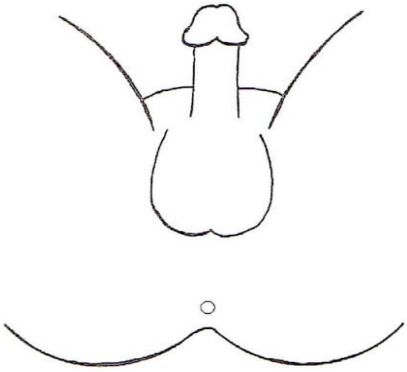


Body Map 3: Indicate area of injury and assign number to each injury. Describe each on injury log.

☐ **Within Normal Limits**







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O. INJURY/FINDINGS LOG		
Injury/ Finding #	Type (see legend)	Description

LEGEND: BALD STEP Mnemonic for Physical Findings

B	BI	Bitemark	**L**	LA	Laceration	**E**	ER	Erythema
	BL	Bleeding	**D**	DE	Deformity (acute)			
	BR	Bruise				**P**	PA	Patterned (draw shape)
	BU	Burn	**S**	SW	Swelling		PT	Petechiae (draw region/spread)
				ST	Stain (+FL if Fluorescent)		PE	Penetrating (+ I Incised, S Stab,
A	AB	Abrasion						P Puncture, G Known Gunshot)
	AV	Avulsion	**T**	TE	Tenderness to Palpation			
				TR	Trace Evidence (+specify type)			

Indicate characteristics (e.g. shape, size, color) of each injury.

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P. EVIDENCE COLLECTION	YES	NO	**Comments** *(descriptions, reasons why not collected, etc.)*
Exam Mat			
Contact Clothing **list item(s) and label bag(s) the same*			
Underpants			**Label provided bag as which pair of underwear it is since the assault, collect up to the 3rd pair*
Oral			
Fingernails			**If collected, be sure to place in envelope and label as, "Fingernails"*
Pubic Hair Combings			
External Genitalia			**If collected, be sure to place in envelope and label as, "External Genitalia"*
Vaginal Vestibule			**If collected, be sure to place in envelope and label as, "Vaginal Vestibule"*
Vaginal (Vaginal Vault)			
Penis / Scrotum *(circle)*			**If only one or the other is collected, indicate this on provided evidence envelope*
Anal / Rectal *(circle)*			**If only anal specimen is collected, you may cross out "Rectal" and write "Anal" on provided envelope.*
Fluoresced area(s)			
Site of Suspected Oral Contact			**Specify location(s) here and on envelope(s):*
Miscellaneous Swabs			**Specify location(s) here and on envelope(s):*
Miscellaneous Debris/Fibers			**Specify what was collected here and on envelope(s):*
Known Blood Sample			
Buccal Swabs			**If unable to collect known blood, you may collect Buccal swabs (2 swabs from patient's inner cheek). It is preferable to do this at the end of the exam and have patient brush their teeth prior to collecting.*
Other			
Blood Present on any items/swabs collected?			**If yes, explain/describe:*
Lubricant used during exam?			
Q. ADDITIONAL INFORMATION	**YES**	**NO**	
Non-genital Photos			Number of Photos Taken:
Anal-genital Video/Photos			
Blood or Urine Collected for Suspected DFSA			**Place blood and urine for suspected DFSA in biohazard bag and then seal in evidence bag or in kit
Blood Drawn for Labs			
Urine Collected for Pregnancy Test			Results: ☐ Positive ☐ Negative
ALS Used			*Any areas of fluorescence should be documented on injury/findings log*
Evidence Distribution ☐ Sealed and Placed in Locked Storage ☐ Handed off to Law Enforcement *(See Chain of Custody Form)*			
Medical Forensic Record created in collaboration with International Association of Forensic Nurses, NWA Forensic Nurse Team, and UAMS IDHI Sexual Assault Assessment Program (TeleSANE).			

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