

Sample Form For Consent/Refusal and Evidentiary Log

*Adapted from a form developed by St. Luke's-Roosevelt Hospital Center

Date: _____ Time of Exam: _____ AM/PM

Patient Name: _____ Contact No.: _____

SAFE * 1) _____ Contact No.: _____

Examiner(s) 2) _____ Contact No.: _____

Provider: _____ Dept.: _____ Contact No.: _____

(If not a SAFE* Examiner)

*Sexual Assault Forensic Examiner

Patient Consent/Refusal

I understand that if I consent, an examination for evidence of sexual assault and collection of possible evidence will be conducted. I understand that I may refuse to consent, or I may withdraw consent at any time for any portion of the examination. I understand that the collection of evidence may include photographing injuries, which may include injuries to the genital area. I understand that if I consent, such evidence will be released to the police at this time. If I do not consent to release of evidence at this time, such evidence will be preserved at the Hospital for not less than 30 days.

I consent to:

Physical Examination:	_____ Yes	_____ No
Photographing of Injuries:	_____ Yes	_____ No
Collection of Evidence:	_____ Yes	_____ No
Release of Evidence to Police:	_____ Yes	_____ No
Verbal Communications by Hospital Personnel with Prosecutorial Agency:	_____ Yes	_____ No

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

Print Name of Witness _____

LOG OF ITEMS TAKEN FROM PATIENT FOR EVIDENCE

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

COMPREHENSIVE SEXUAL ASSAULT ASSESSMENT FORM

PLEASE PRINT CLEARLY

1. INITIAL ASSESSMENT

Date of Birth: _____ Male _____ Female

__African Descent __Asian/Pacific Islander __Caucasian __Hispanic Other _____

Physical Disability: __Yes __No If Yes describe _____

Primary Language if not English _____ Was interpreter used _____

2. PERTINENT PAST MEDICAL HISTORY

LMP: _____ Allergies _____

Medications: _____

Last Tetanus Immunization: _____ Hepatitis B Immunization Yes No If yes date _____

3. SEXUAL ASSAULT HISTORY

Date of Sexual Assault: _____ Time of Sexual Assault: _____ AM/PM

Time Elapsed between Assault and Exam: _____ days _____ hours

Location of Sexual Assault (include exact address if known): _____

Type of Violations Perpetrated against Survivor during Sexual Assault:

Vaginal Contact	Yes	No	Unsure	Oral Contact (offender to survivor)	Yes	No	Unsure
Anal Contact	Yes	No	Unsure	Oral Contact (survivor to offender)	Yes	No	Unsure
Condom Used	Yes	No	Unsure				
Use of Foreign Object	Yes	No	Unsure	If Yes describe	_____		
Foam/Jelly/Lubricant	Yes	No	Unsure	If Yes describe	_____		
Use of Weapon	Yes	No	Unsure	If Yes describe	_____		
Other:	_____						

Brief Narrative of Assault (optional) _____

Actions Before or After Assault

Has the survivor had consensual sex within the last 96 hours? Yes No Unsure If Yes when: _____

After the sexual assault, has the survivor:

Urinated? Yes No Bathed/showered? Yes No Changed underwear? Yes No

COMPREHENSIVE SEXUAL ASSAULT ASSESSMENT FORM

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4. PHYSICAL EXAMINATION General Appearance

General Medical Examination (use Traumagram on pages 6,7,8 as appropriate)

Colposcopic Examination – to be completed prior to pelvic exam and forensic evidence collection
(use Traumagram on pages 6,7,8 as appropriate)

Female

Labia majora _____

Vagina _____

Labia minora _____

Hymen _____

Clitoris _____

Cervix _____

Posterior fourchette _____

Perineum _____

Fossa navicularis _____

Anus _____

Periurethral _____

Rectum _____

Vestibule _____

Other _____

Male

Penis _____

Rectum _____

Perineum _____

Scrotum _____

Anus _____

Other _____

Pelvic/Genital Examination

Female

Labia majora _____

Vagina _____

Labia minora _____

Hymen _____

Clitoris _____

Cervix _____

Posterior fourchette _____

Perineum _____

Fossa navicularis _____

Anus _____

Periurethral _____

Rectum _____

Vestibule _____

Other _____

Male

Penis _____

Rectum _____

Perineum _____

Scrotum _____

Anus _____

Other _____

COMPREHENSIVE SEXUAL ASSAULT ASSESSMENT FORM

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5. EXAMINATION TECHNIQUES

Direct Visualization	Yes	No	Evidence Kit Collected	Yes	No	
Bimanual Exam	Yes	No	Photos Taken	Yes	No	If Yes How many? _____
Speculum Exam	Yes	No	Area(s) of Body Photographed:	_____		
Colposcopic Exam	Yes	No	_____			
Toluidene Blue	Yes	No	_____			
Wood's Lamp	Yes	No	_____			
Anoscope	Yes	No	_____			

6. DIAGNOSTIC TESTS

Pregnancy Test	Yes	No	Chlamydia	Yes	No
Gonorrhea: Cervical	Yes	No	VDRL	Yes	No
Urethral	Yes	No	Hepatitis B Serologies	Yes	No
Rectal	Yes	No	Specimens (urine and/or blood for diagnosis of drug-facilitated sexual assault)	Yes	No
Pharyngeal	Yes	No			

7. STD PROPHYLAXIS

Gonorrhea	Yes	No	Chlamydia	Yes	No	Trichomonas/BV	Yes	No	Hepatitis B	Yes	No
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8. HIV POST-EXPOSURE PROPHYLAXIS

Referral Sheet Completed (see next page) Yes No

9. POST-COITAL CONTRACEPTION

Yes No

10. REFERRALS GIVEN

Rape Crisis or Crime Victims Treatment Center _____ Gyn Clinic _____ Patient's Primary Care MD _____

11. CHAIN OF CUSTODY

Name of Person Receiving Evidence _____

ID#/Shield# _____
Agency _____

ADDITIONAL NOTES OR COMMENTS

PROVIDER SIGNATURE

SAMPLE SEXUAL ASSAULT PATIENT HIV PEP: REFERRAL SHEET

PLEASE PRINT
CLEARLY

Patient Name: _____

Patient MR#: _____ Age of Patient: _____

Date of Assault: _____ Time of Assault: _____

Date of Emergency Department Visit: _____

Date of Patient's Follow-up Appointment: _____

Time 1st Dose of PEP Given: _____ Date (if different from ED Visit): _____

PEP Medications Given: _____

Labs Sent: CBC Yes No Chem 18 (Admission Panel) Yes No
Hepatitis B serology Yes No
Hepatitis C serology Yes No
Urine pregnancy test result: Positive Negative

Patient Rx'ed for GC, Chlamydia and Syphilis: Yes No Hep B Vaccine: Yes No

Emergency Contraception Provided: Yes No

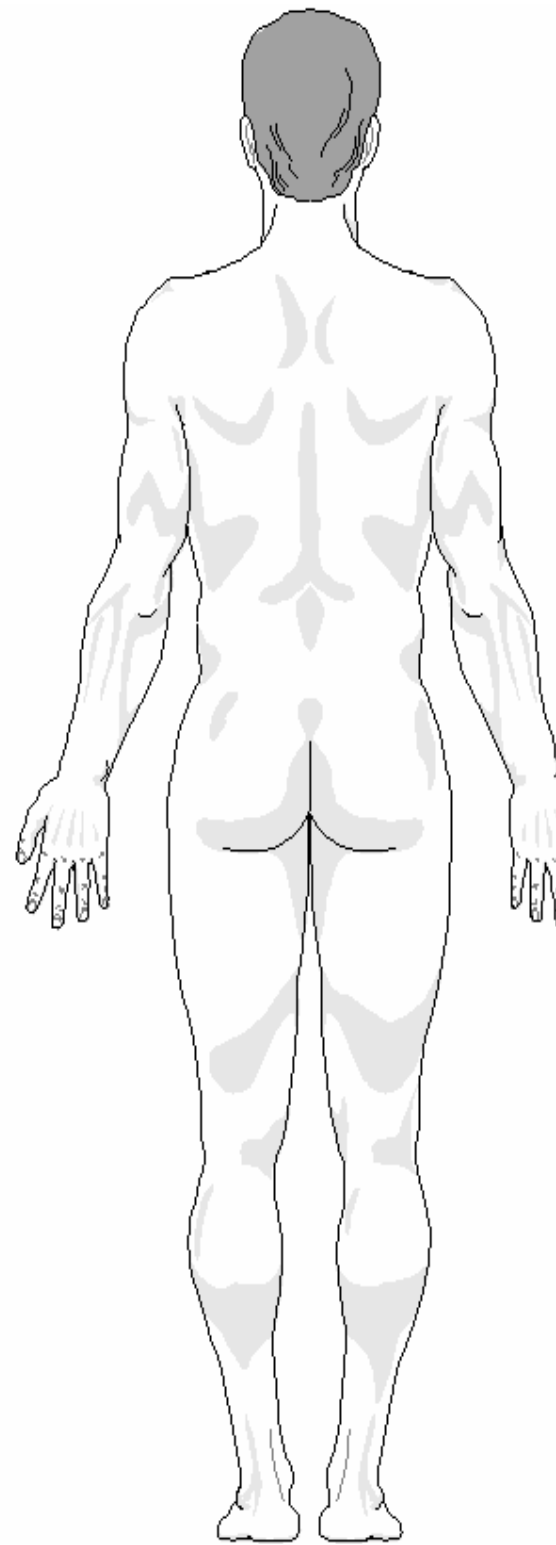
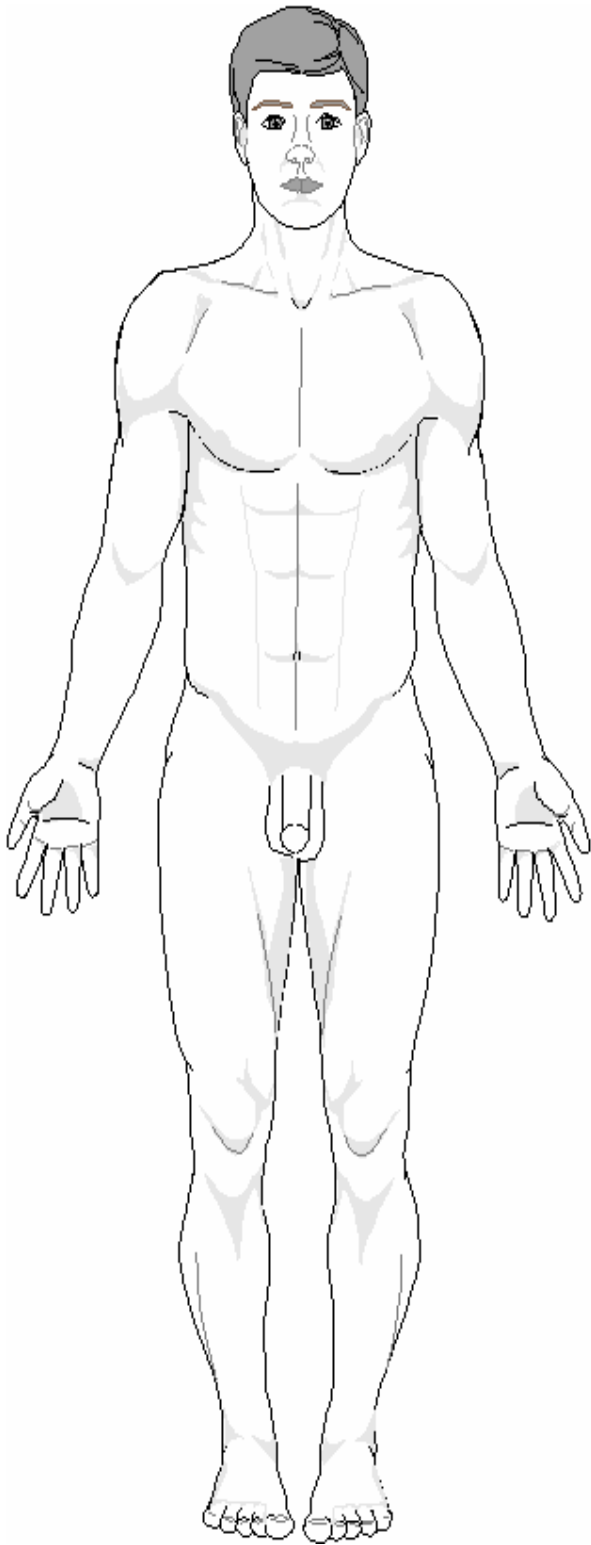
Check here if patient requests **HIV testing only** (without HIV PEP):

Provider Name: _____ MD PA NP RN
(Please print)

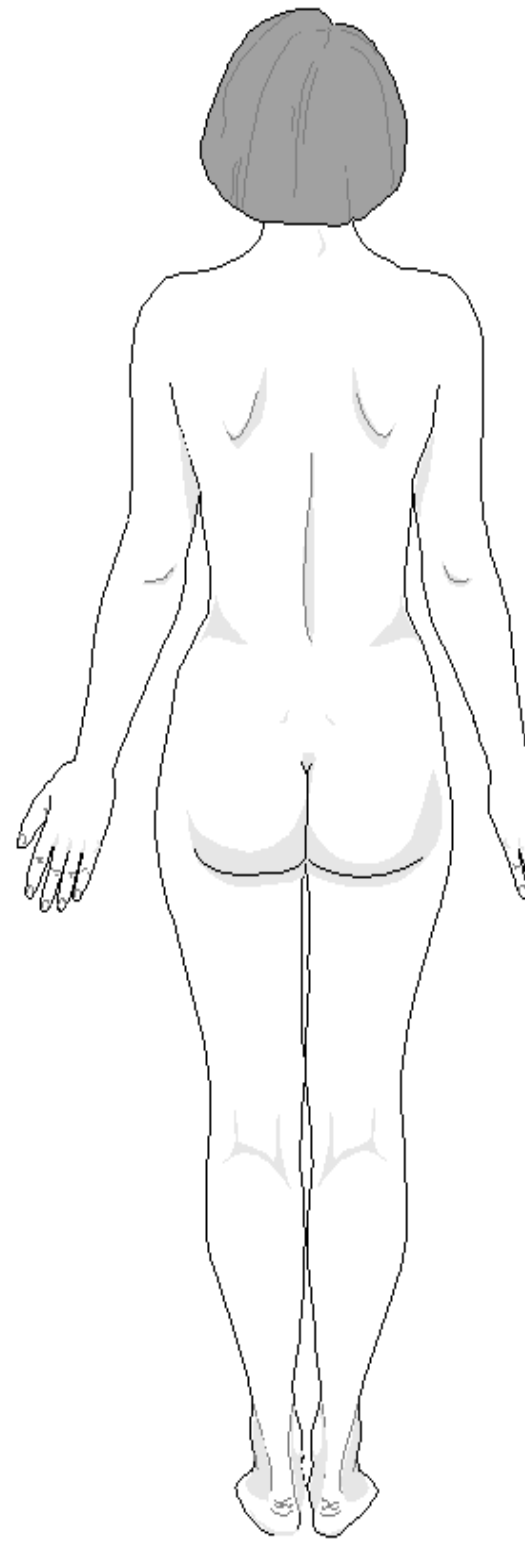
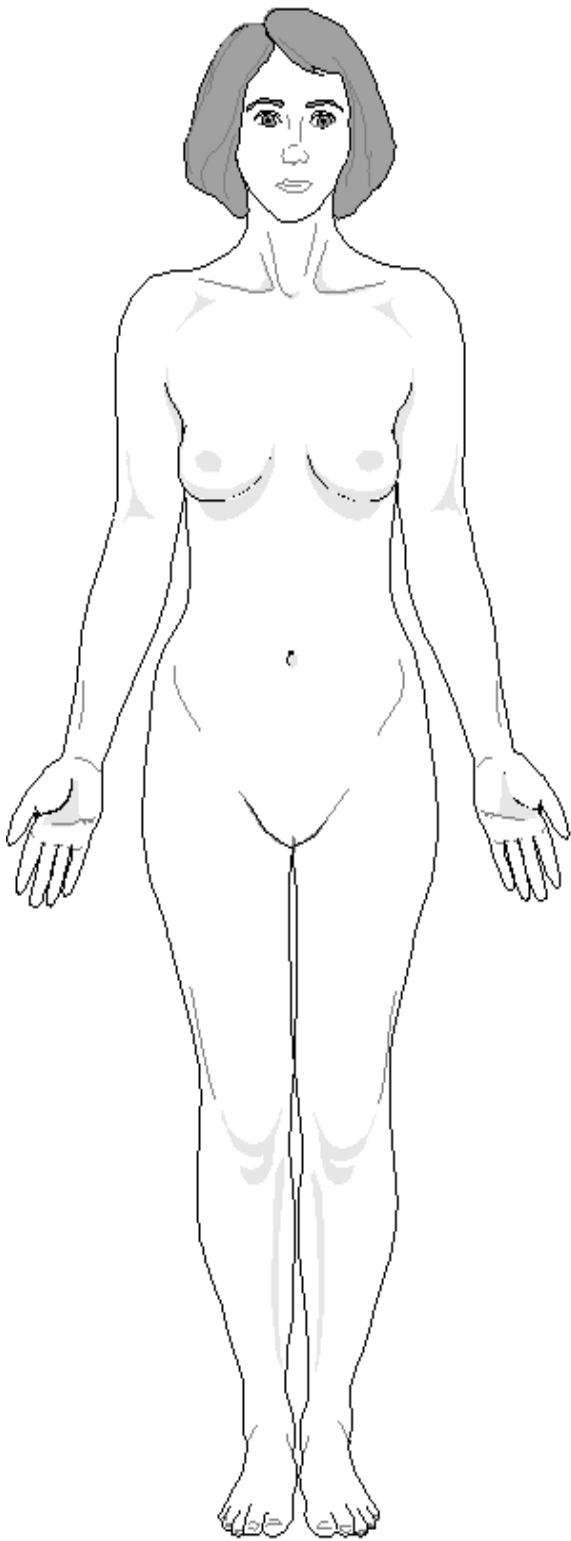
NOTE: Arrange for timely referral to clinic or provider for HIV PEP management.

Referral made to: _____

Male Traumagram

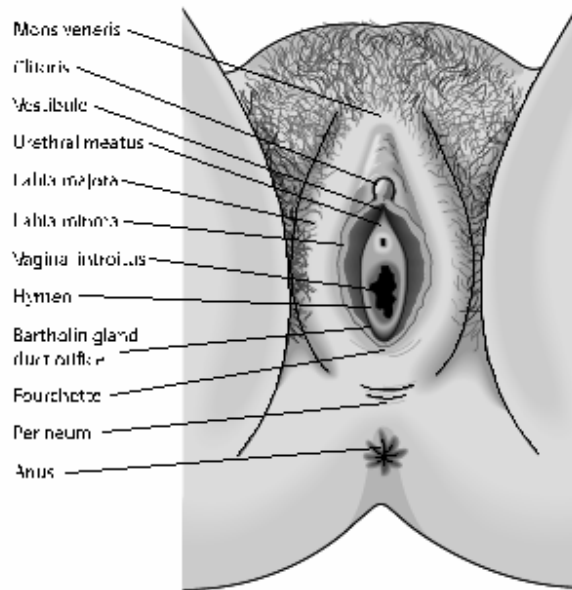


Female Traumagram

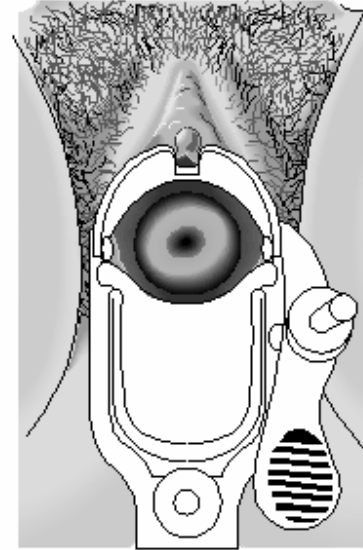


Traumagram - Genital

Female genitalia



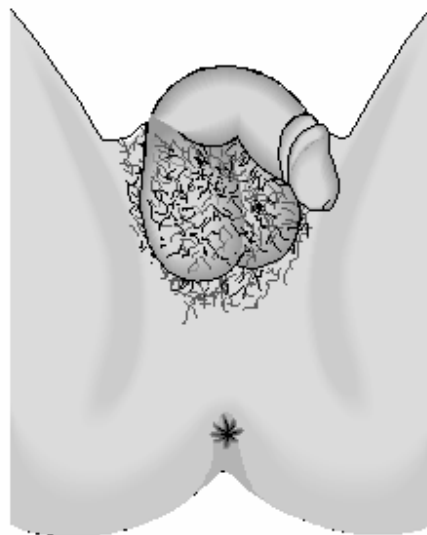
Cervical observation



Oral



Male genitalia



Anal

