MEDICAL RECORD SEXUAL ASSAULT FORM

I. HISTORY

DATE OF VISIT __________________     TIME ________________

Significant past medical history: ____________________________________________________

Approximate Time of Attack ___________ Is patient pregnant? _____ LMP ________ Medications ________

Allergies __________________

Date of Attack ________________ Usual form of birth control ____________________________

Is patient bleeding from an injury?  Yes __________ No __________

If yes, describe location: ________________________________

II. PHYSICAL EXAMINATION (Note all evidence/details of trauma):

________________________________________

________________________________________

III. PELVIC/GENITOURINARY EXAM

Ext/BUS/Hymen   Cervix   Adnexae   Vagina    Uterus   Rectal   Penis   Scrotum   

Tanner Stage, if applicable ____________________________________________________

IV. DIAGNOSTIC TESTS

Pregnancy test ________ GC Cultures _______ (Pharyngeal _______ Cervical _ Urethral )

Rectal  _ VDRL ________ Chlamydia _____ Hepatitis B ________ Other ________

V. TREATMENT

Tetanus Toxoid _ Pregnancy Prevention ________ STI Prophylaxis ________ Other ________

VI. EVIDENCE COLLECTION

Evidence collected?  Y _ N _____ Evidence kit released to law enforcement?  Y ___ N _____

Written consent?  Y ___ N _____

VII. FOLLOW UP APPOINTMENT

1. Medical: (Adults should be seen within 2 weeks)

2. Counseling:

Examine Health Practitioner:                Health Practitioner:________________________

Signature: ________________________________

Print Name or Use Patient Plate:

Print Name __________________________________________

Print Name or Use Patient Plate: ____________________________

Print Name __________________________________________

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Pediatric and Adolescent
SUSPECTED ABUSE FORM

Patient Name: ___________________________ Phone Number: ___________________________

MR#: ___________________________ Age: ___________________________ Date: ___________________________

Parent/Caretaker Name: ___________________________ Phone Number: ___________________________

Accompanied by: ___________________________ Referred by: (CPS, Law Enforcement, RCC)

Name of person providing history: ___________________________ Relationship: ___________________________

Chief complaint: ___________________________

Alleged perpetrator: ___________________________ Age: ___________________________ Relationship: ___________________________

Site of incident: ___________________________

History of incident: (Use patient’s own words in quotes when possible; included witnesses)

□ Continued on narrative form

Past Medical History: (Developmental delay, previous HX of abuse) ___________________________

LMP: _______ Immunization Status: (Hepatitis B, Dt) ___________________________ PMD: _______

ROS: (Bleeding, discharge, dysuria, behavioral changes) ___________________________

Medications: (Contraceptives, Antibiotics) ___________________________

Allergies: ___________________________

Social HX: ___________________________

General Physical Exam: (include condition of body/clothing, emotional state) ___________________________

Temp: _______ Height: _______ □ in □ cm _______ %

Body Surface and Skin: (bruise, laceration, bite marks, etc.) ___________________________

BP: _______ Weight: □ lbs □ kgs _______ %

HR: _______ HC: _______ □ in □ cm _______ % RR: _______
HEENT: (oral petechiae, torn frenulum)

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>MR#</th>
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<table>
<thead>
<tr>
<th>Chest/Lungs:</th>
<th>Breasts: (Tanner Stage)</th>
</tr>
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<tbody>
<tr>
<td>Heart:</td>
<td>Abdomen:</td>
</tr>
<tr>
<td>Pulses:</td>
<td>Back:</td>
</tr>
<tr>
<td>Extremities:</td>
<td></td>
</tr>
<tr>
<td>Pereineum:</td>
<td>General (friability, ecchymosis, vascularity, discharge, condyloma, vesicles, Tanner Stage)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Genital exam position:</th>
<th>Speculum exam completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Supine frog-leg</td>
<td>□ Yes □ No Findings:</td>
</tr>
<tr>
<td>□ Supine Lithotomy</td>
<td></td>
</tr>
<tr>
<td>□ Knee chest</td>
<td></td>
</tr>
<tr>
<td>□ Both</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hymen:</th>
<th>Other: (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Annular</td>
<td></td>
</tr>
<tr>
<td>□ Crescent</td>
<td></td>
</tr>
<tr>
<td>□ Fimbriated</td>
<td></td>
</tr>
<tr>
<td>□ Imperforate</td>
<td></td>
</tr>
<tr>
<td>□ Septate</td>
<td></td>
</tr>
</tbody>
</table>

Are there clefts, notches, bumps, synechiae, asymmetry, rounded edges, abrasions, lacerations, adhesions, decreased posterior rim, discharge?

<table>
<thead>
<tr>
<th>Rectal exam position:</th>
<th>Rectal exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Frog-leg</td>
<td>Anal tone, fissures, discoloration, reflex and dilatation, size of anal opening, scars, skin tags, lacerations, funneling, anal verge, rugae and spasm/laxity?</td>
</tr>
<tr>
<td>□ Lithotomy</td>
<td></td>
</tr>
<tr>
<td>□ Knee chest</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stool in Ampulla:</th>
<th>Stool Guaiac:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td>□ Positive □ Negative</td>
</tr>
</tbody>
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Exam done with: □ Direct visualization □ Colposcopy □ Hand held magnifier

Woods Lamp exam performed on: □ Clothes: □ Yes □ No □ Fluorescence: □ Yes □ No

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<thead>
<tr>
<th>If yes, indicate sites:</th>
<th>Evidentiary Material:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Photos (type) □ Video Colposcope</td>
</tr>
</tbody>
</table>

Documentation

<table>
<thead>
<tr>
<th>Rapekit</th>
<th>□ Yes □ No □ Not indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Released to law enforcement</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Secured in refrigerator</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
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Assessment:

| □ Neither confirms nor denies sexual abuse |
| □ Is consistent with sexual abuse |
| □ Is consistent with physical abuse |
| □ Is consistent with neglect |
| □ Other (describe) |

Diagnostic Studies Ordered:

Cultures:

| G.C. Sites: | □ Throat □ Vaginal □ Cervical □ Urethral □ Rectal |
Chlamydia Sites:  □ Vaginal  □ Cervical  □ Urethral  □ Rectal
Vaginal Sites:  □ KOH  □ Wet prep  □ Gram stain
□ General bacterial culture
□ Herpes culture site: ______________________________________

Patient Name: ___________________________________________  MR#: __________________

□ Virapap (HPV) site: ________________________________________
□ Urine Culture
Bloodwork:  □ VDRL/RPR  □ HIV  □ Serum HCG
□ Hepatitis B panel
□ Clotting functions
Other:  □ Pinworm test  □ Urine HCG
□ Skeletal Series  □ CT scan  □ Bone scans

Treatment:  □ HIV-PEP  □ STD-Prophylaxis  □ Hep B-Propylaxis  □ Pregnancy-Prophylaxis  □ DT
□ Other: __________________________

Hospital Social Worker called?  □ Yes  □ No  Name: ________

Patient Discharged to: □ Home  □ Foster Home  □ Other: _______________________
In custody of: ____________________________________________

Follow Up: Appointment with: ___________________________ Date: ____________
Time: ____________
Referrals to: □ Infectious Disease  □ CARE  □ PMD  □ RCC  □ Law Enforcement

Health Care Practitioner’s Signature: _________________________ Date: ____________

Patient Name: ___________________________________________  MR#: ________________
The Tanner stages make up a sexual maturity rating system that track the normal appearance and pattern of pubic hair in the male and female, breast development in the female, and testicle size, scrotum, and phallus development in the male. These stages provide a useful common language for communication among medical providers. The Tanner stages are as follows.

**Pubic Hair: Male and Female**
- **Stage 1:** Preadolescent. No pubic hair. Fine vellus-type hair similar to that over the abdomen.
- **Stage 2:** There is the appearance of sparse, long, and slightly pigmented hair. Straight or slightly curled hair develops at the base of the penis or along the labia.
- **Stage 3:** Hair darkens and becomes more coarse and curled. It increases in density.
- **Stage 4:** Hair is of the adult type, but the area covered by it is considerably less than in the adult. No hair spread to the medial surfaces of the thighs.
- **Stage 5:** Adult hair characteristics in quantity and type. There is distribution of the horizontal pattern and hair spread to the medial surface of the thighs.

Originally, Tanner (1962) also described a Stage 6, which occurred when pubic hair extended to the linea alba. This has since been dropped because of ethnic variability.

**Female Breast Development**
- **Stage 1:** Preadolescent. Elevation of papilla.
- **Stage 2:** Breast bud stage. Elevation of breast bud and papilla as a small mound with enlargement of the areolar diameter.
- **Stage 3:** Further enlargement and elevation of breast and areola, with no separation of their contours.
- **Stage 4:** Projection of areola and papilla to form a secondary mound above the level of the breast.
- **Stage 5:** Mature stage projection of the papilla only, due to recession of the areola to the general contour of the breast.

**Male Genital Development:**
- **Stage 1:** Preadolescent: small penis and testes (testes < 4 ml or long axis < 2.5 cm)
- **Stage 2:** Testes larger (4 ml or long axis 2.5 to 3.2 cm), scrotal skin becomes redder and coarser
- **Stage 3:** Penis lengthens, with small increase in diameter, scrotum and testes continue to grow (12 ml or long axis 3.6 cm)
- **Stage 4:** Penis and testes (long axis length 4.1 to 4.5 cm) continue to grow, glans develops
- **Stage 5:** Penis is at its full adult size, testes length > 4.5 cm