STEP 3	Assault History	Page 1
Assault Date	Time	Place Patient Label Here
Exam Date	Time	
Hospital	City	

Assailant Information

Name(s)	Relationship to Patient	Age	Injured or bleeding?

Which of the following occurred?				**Other--Please describe**
Vaginal penetration by assailant's…	☐ Fingers	☐ Penis	☐ Object	☐ Unsure
Anal penetration by assailant's…	☐ Fingers	☐ Penis	☐ Object	☐ Unsure
Oral penetration by assailant's…	☐ Fingers	☐ Penis	☐ Object	☐ Unsure
Assailant mouth on patient genitals	☐ Yes	☐ No	☐ Unsure	
Assailant ejaculation	☐ Yes	☐ No	☐ Unsure	Where? _____
Lubrication including saliva	☐ Yes	☐ No	☐ Unsure	Where? _____
Strangulation	☐ Yes	☐ No	☐ Unsure	**List other body areas kissed, licked, bitten on narrative**

Since the assault, patient has:

Douche/enema	☐ Yes	☐ No	☐ Unsure	Changed Clothes	☐ Yes	☐ No	☐ Unsure
Bowel movement	☐ Yes	☐ No	☐ Unsure	Bathed/ Showered	☐ Yes	☐ No	☐ Unsure
Urinated	☐ Yes	☐ No	☐ Unsure	Had Food or Drink	☐ Yes	☐ No	☐ Unsure
Vomited	☐ Yes	☐ No	☐ Unsure	Brushed Teeth	☐ Yes	☐ No	☐ Unsure

At time of <u>assault,</u> was:

Patient menstruating?	☐ Yes	☐ No	☐ Unsure	
Tampon present?	☐ Yes	☐ No	☐ Unsure	Where is tampon now? _____
Condom used?	☐ Yes	☐ No	☐ Unsure	Where is condom now? _____

At time of <u>exam,</u> was:			LMP Date	**Consensual sexual activity w/in 96 hours?**
Patient menstruating?	☐ Yes	☐ No		☐ Yes ⇨⇨ Date Time
Tampon present?	☐ Yes	☐ No		☐ No

_____	_____
nurse or physician completing form—print name	nurse or physician completing form—signature

Narrative History (in patient's own words—use quotes)
Please write legibly

Note General Appearance (including condition of clothing)

Note Emotional Status

STEP 3	Assault History	Page 3

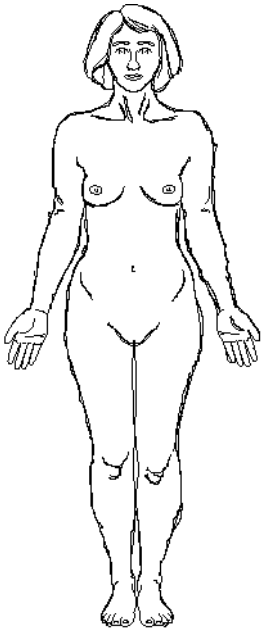
Record injuries on anatomical diagrams. Complete during the physical examination.

Check method used:

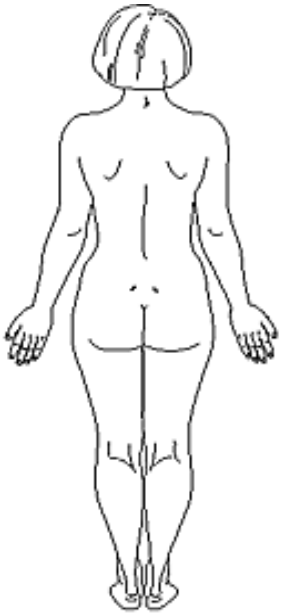
- ☐ Direct visualization
- ☐ Foley catheter technique
- ☐ Photography
- ☐ Speculum exam
- ☐ Toluidine blue dye
- ☐ Woods (or other) lamp
- ☐ Colposcope
- ☐ Other

Right

Left

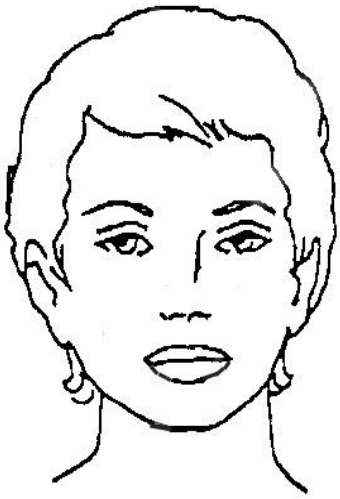


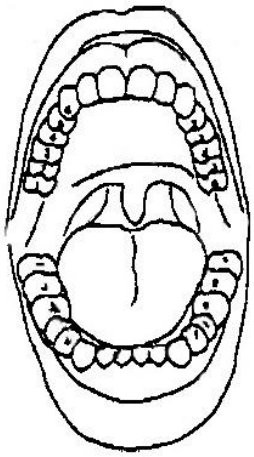
Anterior

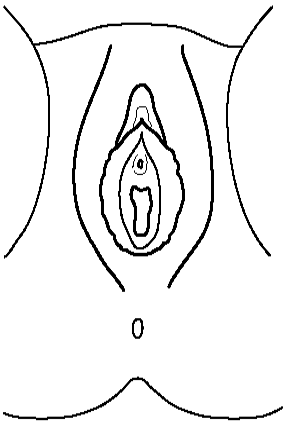


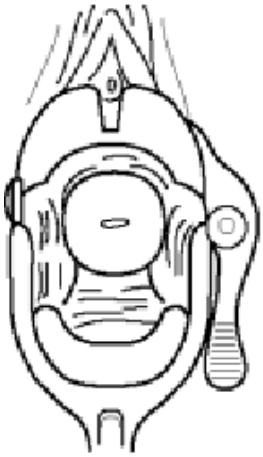
Posterior

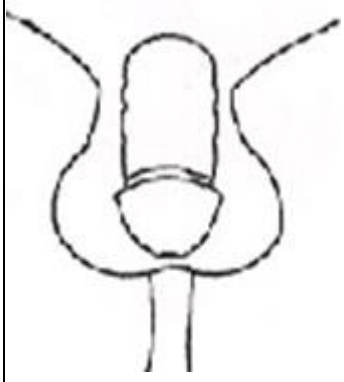
Indicate the location, shape and type of injury: tears (lacerations), erythema, abrasions, redness, swelling.

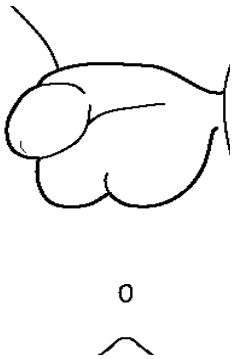












Indicate the location, shape and type of injury: lacerations, erythema, abrasions, redness, swelling.