STATE OF UTAH SEXUAL ASSAULT EXAMINATION

Report of History and Findings

CASE INFORMATION

Date of Exam (*mm/dd/yyyy*) _____

Time Exam Started _____

Exam Location _____

Agency Case Number _____
(SANE, Hospital, CJC, etc.)

Law Enforcement (LE) Agency _____

LE Case No _____

Code R Kit Number UBFS

PATIENT DEMOGRAPHICS

DOB (*mm/dd/yyyy*) _____ **Age** _____

Sex ☐ Male ☐ Female ☐ Transgender: M to F Female ☐ Transgender: F to M Male ☐ Intersex

Race ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Native ☐ Other _____

Does the patient have a guardian who must legally consent for the examination? ☐ Yes ☐ No

Patient Complaint

Chief Complaint Sexual Assault

Patient complaining of pain or injury ☐ No **If yes** _____

_____

Medical History

VITAL SIGNS

Height _____ **Temp** _____ **Pulse** _____ **O_2 Sat** _____

Weight _____ **B/P** _____ **Resp** _____ **Per ED** ☐

Current Medication(s) ☐ Yes ☐ No
If yes _____
_____
_____
_____

Allergies to Medication ☐ Yes ☐ No
If yes _____

Current Medical Problems ☐ Yes ☐ No
If yes _____

Surgeries/Medical Procedures ☐ Yes ☐ No
If yes _____

Tetanus ☐ Current ☐ 10+ yr ☐ Unk

Hepatitis B Vaccine ☐ Yes ☐ No ☐ Unk

LMP _____

Age of Menarche _____

Prior Vaginal deliveries ☐ Yes ☐ No

HPV Vaccine ☐ Yes ☐ No ☐ Unk

Consensual sex in last 5 days ☐ Yes ☐ No
If yes, type of contact _____

Name of Partner _____

Patient Label

History of Sexual Assault

Date and Time of Assault _____

Location ☐ House/Apartment ☐ Car ☐ Outside ☐ Hotel ☐ Other _____

Surface Assault Occurred on _____

Summary of Assault Described by Patient _____

Patient's Actions

Patient's Actions	Yes	No	Unk	Description
Scratch	☐	☐	☐	
Bite	☐	☐	☐	
Hit	☐	☐	☐	
Kick	☐	☐	☐	
Other	☐	☐	☐	

Patient Label

Name of Suspect(s) _____
(If more than one suspect, complete additional copies of this page for each additional suspect)

Relationship to Suspect ☐ Acquaintance ☐ Spouse/Partner ☐ Ex-partner ☐ Stranger ☐ Other _____

Describe Suspect's Dress During Assault _____

Describe Patient's Dress During Assault _____

Suspect's Actions	Yes	No	Unk	Description
Verbal threats/coercion	☐	☐	☐	
Grabbed/held	☐	☐	☐	
Physical blows	☐	☐	☐	
Strangled (Choked) *See strangulation documentation*	☐	☐	☐	
Weapon	☐	☐	☐	
Restraints	☐	☐	☐	
Burned	☐	☐	☐	
Other	☐	☐	☐	

Nature of Sexual Assault

PATIENT

Was there contact with patient's GENITALIA by?

	Yes	No	Unk	
Penis/Genitals	☐	☐	☐	
Finger/Hand	☐	☐	☐	Describe
Object	☐	☐	☐	Object _____

Was there contact with patient's ANUS by?

	Yes	No	Unk	
Penis/Genitals	☐	☐	☐	
Finger/Hand	☐	☐	☐	Describe
Object	☐	☐	☐	Object _____

Was there contact with patient's MOUTH by?

	Yes	No	Unk	
Penis/Genitals	☐	☐	☐	
Finger/Hand	☐	☐	☐	Describe
Object	☐	☐	☐	Object _____

SUSPECT

Ejaculation ☐ Yes ☐ No ☐ Unk

If yes, where _____

Condom ☐ Yes ☐ No ☐ Unk

SUSPECT CONT

Lubrication ☐ Yes ☐ No ☐ Unk

If yes, type _____

Suspect Washed/Cleaned Patient

☐ Yes ☐ No ☐ Attempted ☐ Unk

If yes, describe _____

Did suspect's MOUTH contact patient's?

	Yes	No	Unk	
Genitals	☐	☐	☐	
Breasts	☐	☐	☐	
Mouth	☐	☐	☐	
Anus	☐	☐	☐	Describe
Other	☐	☐	☐	Other _____

Did suspect's HANDS or BODY hold or rub against patient's?

	Yes	No	Unk	
Genitals	☐	☐	☐	
Breasts	☐	☐	☐	
Extremity	☐	☐	☐	Describe
Other	☐	☐	☐	Other _____

Patient Label

Indicators of Drug Facilitated Sexual Assault

Patient provided with food, drink, drugs prior to assault by suspect(s)? ☐ Yes ☐ No **If yes** _____

_____

Patient used drugs/alcohol before assault? ☐ Yes ☐ No **If yes** _____

_____

Suspect used alcohol/drugs near time of assault? ☐ Yes ☐ No ☐ Unk **If yes** _____

_____

Patient lost consciousness/awareness? ☐ Yes ☐ No **If yes** _____

_____

Post Assault Actions by Patient *(Check all that apply)*

	Yes	No	Unk	Description		Yes	No	Unk	Description
Urinated	☐	☐	☐		**Ate/Drank**	☐	☐	☐	
Defecated	☐	☐	☐		**Bathed/Showered**	☐	☐	☐	
Vomited	☐	☐	☐		**Genital Wipe/Wash**	☐	☐	☐	
Brushed Teeth Gargled/Rinsed	☐	☐	☐		**Removed/Inserted Tampon/Pad/Diaphragm**	☐	☐	☐	

General Physical Exam

Describe general demeanor/appearance: _____

_____

_____

_____

_____

_____

Did patient appear to have any physical or mental impairment? ☐ Yes ☐ No **If yes** _____

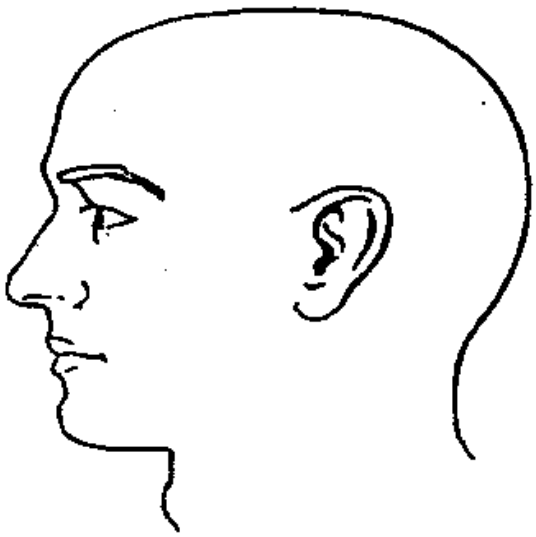
_____

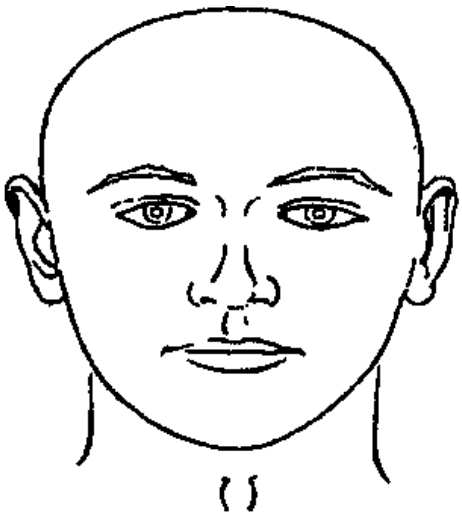
_____

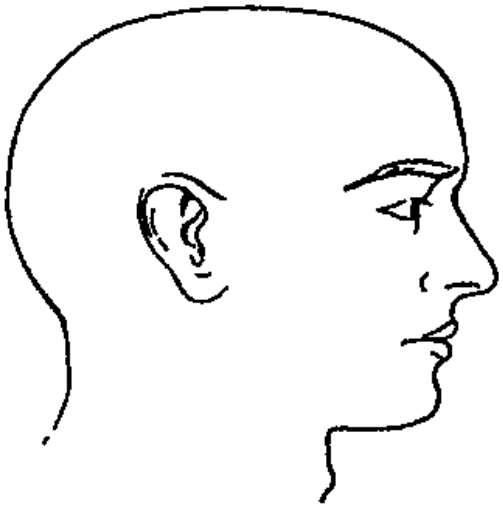
Patient Label

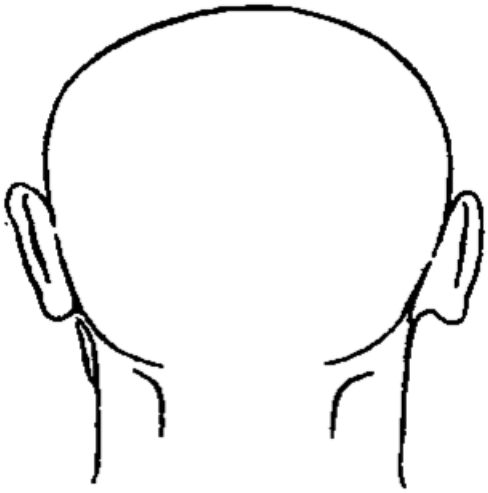
	Check if normal or no trauma	If not normal, describe abnormal/trauma findings (Use body diagrams to document findings)	Patient Statement: When and How Injury Occurred
Head (EENT)	☐		
Neck	☐		
Breasts	☐		
Chest/Back	☐		
Abdomen	☐		
Extremities	☐		
Other	☐		

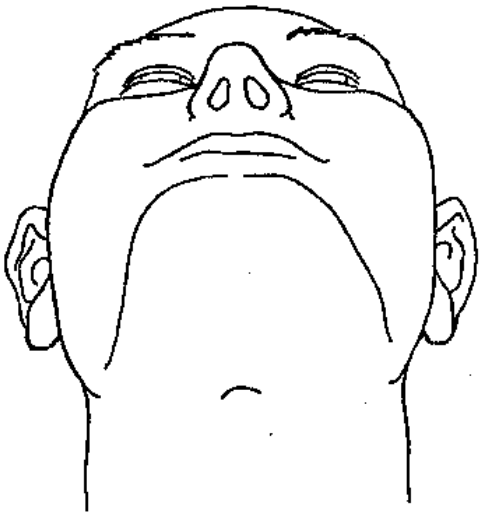
Patient Label

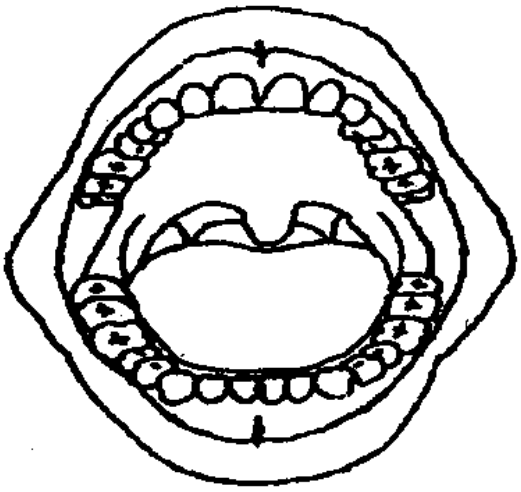




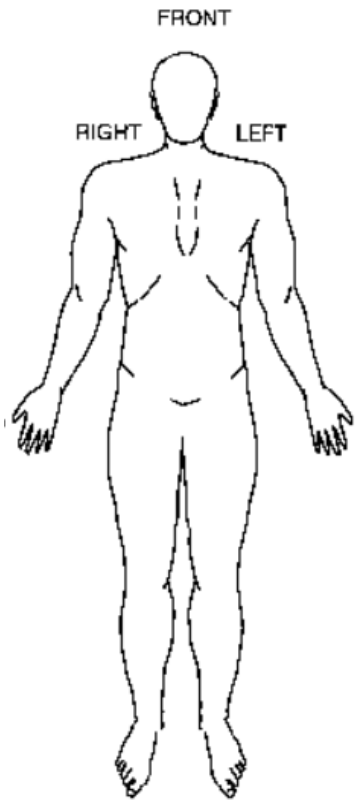


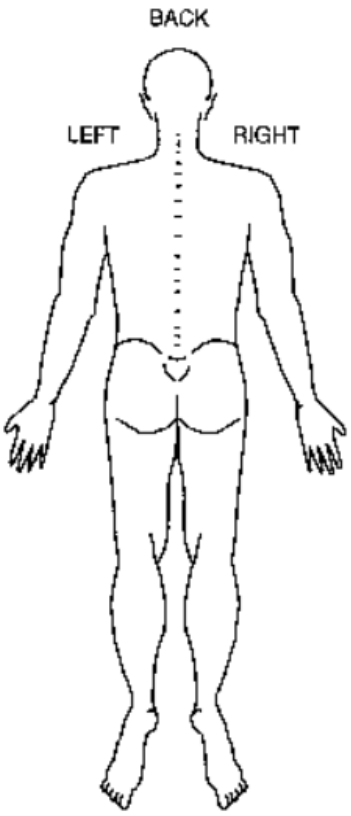




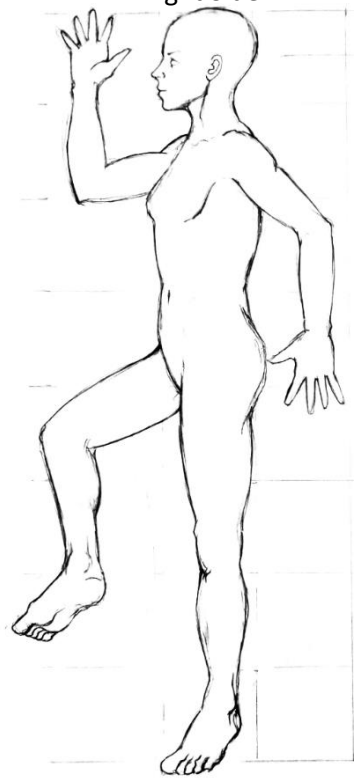


Patient Label

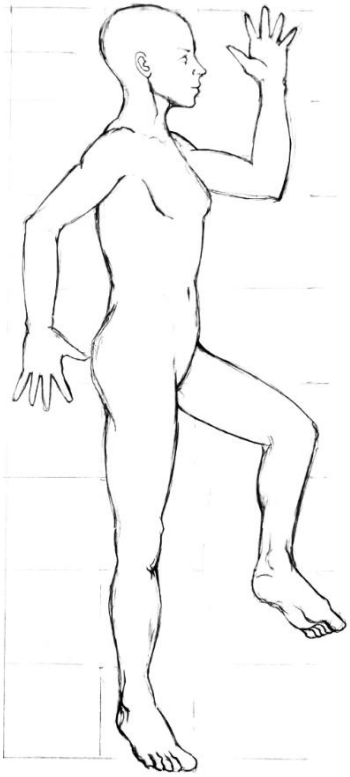




Right Side



Left Side

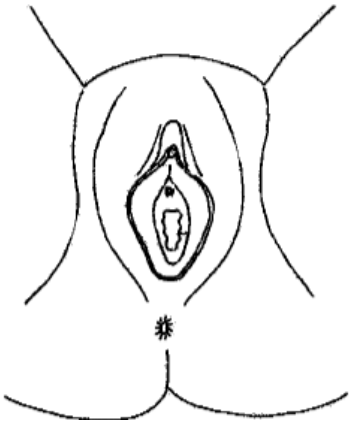


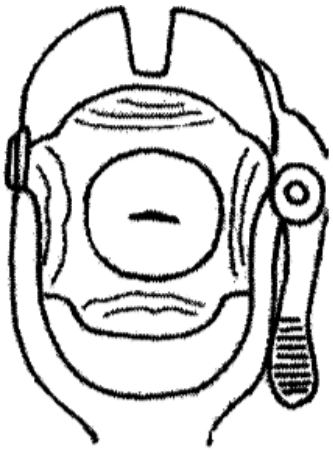
Patient Label

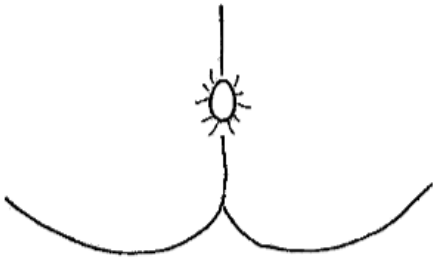
STATE OF UTAH SEXUAL ASSAULT EXAMINATION

FEMALE ADOLESCENT / ADULT ANOGENITAL EXAM

	Check if normal or no trauma	If not normal, describe abnormal/trauma findings (Use these body diagrams to document findings)
Inner Thighs	☐	
Vulva	☐	
Clitoral Hood/ Clitoris	☐	
Labia Majora	☐	
Labia Minora	☐	
Periurethral Tissue and Urethra	☐	
Perihymenal Tissue	☐	
Hymen	☐	
Vagina/ Cervix	☐	
Fossa Navicularis	☐	
Posterior Fourchette	☐	
Perineum	☐	
Anal/ Rectum	☐	



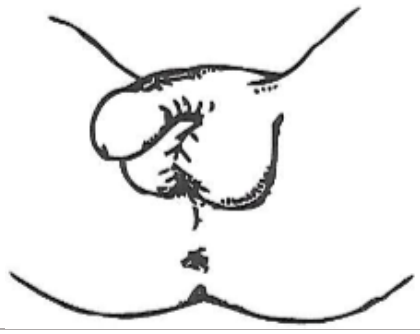
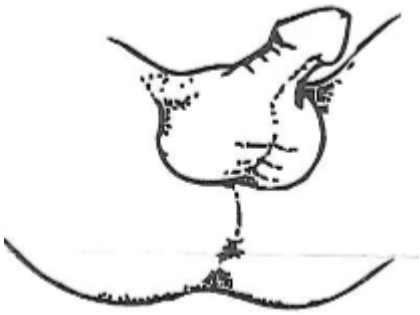
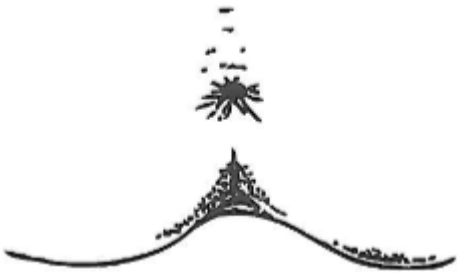


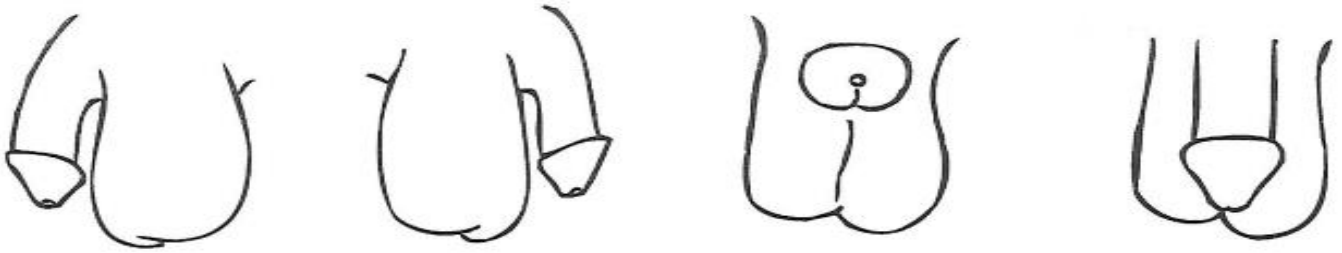


Patient Label

STATE OF UTAH SEXUAL ASSAULT EXAMINATION

MALE ANOGENITAL EXAM

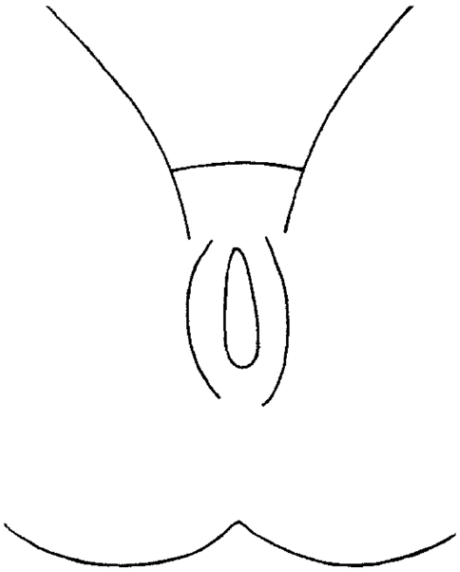
	Check if normal or no trauma	If not normal, describe abnormal/trauma findings (Use these body diagrams to document findings)	
Inner Thighs	☐		
Perineum	☐		
Glans Penis	☐		
Penile Shaft	☐		
Urethral Meatus	☐		
Scrotum	☐		
Testes	☐		
Perianal	☐		
Anus	☐		
Rectum	☐		
Discharge	Y__N__		

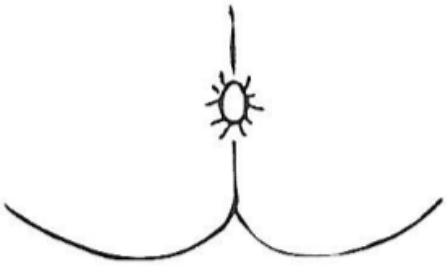


FEMALE CHILD/EARLY ADOLESCENT ANOGENITAL EXAM

Patient Label

	Check if normal or no trauma	If not normal, describe abnormal/trauma findings (Use these body diagrams to document findings)
Inner Thighs	☐	
Vulva	☐	
Clitoral Hood/ Clitoris	☐	
Labia Major	☐	
Labia Minor	☐	
Periurethral Tissue and Urethra	☐	
Perihymenal Tissue	☐	
Hymen	☐	
Vagina	☐	
Fossa Navicularis	☐	
Posterior Fourchette	☐	
Perineum	☐	
Anal/ Rectum	☐	





Patient Label

STATE OF UTAH SEXUAL ASSAULT EXAMINATION

Laboratory / Forensic Specimens Collected

Must have victim standard to process kit. **Buccal standard** ☐ Yes ☐ No	**Consensual Partner (name)** _____ **Buccal standard** ☐ Yes ☐ No

OTHER ITEMS

	Yes	No	
Blood-Grey Top (tox)	☐	☐	**Time** _____
Urine (tox)	☐	☐	**Time** _____
Hands Swabbing	☐	☐	
Fingernail swabbing	☐	☐	

Debris ☐ Yes ☐ No
If yes _____

Patient's clothing collected ☐ Yes ☐ No
If yes _____

_____

Other specimens ☐ Yes ☐ No
If yes _____

Anal/genital photo-documentation ☐ Yes ☐ No

Other photo-documentation ☐ Yes ☐ No

Toluidine Blue 1% Dye used ☐ Yes ☐ No

Evidence Notes:

SWABS

	Yes	No
Oral contact	☐	☐
Pubis to anus	☐	☐
Vaginal Vault	☐	☐
Rectal	☐	☐
Penile/Scrotum	☐	☐

Skin swab ☐ Yes ☐ No
Location _____ **A S E***

Skin swab ☐ Yes ☐ No
Location _____ **A S E***

Skin swab ☐ Yes ☐ No
Location _____ **A S E***

Skin swab ☐ Yes ☐ No
Location _____ **A S E***

Skin swab ☐ Yes ☐ No
Location _____ **A S E***

Skin swab ☐ Yes ☐ No
Location _____ **A S E***

** Patient indicates contact in area of swab: A=Amylase, S=Seminal fluid, E=Epithelial*

Pregnancy test ☐ N/A ☐ Blood ☐ Urine **Result** ☐ Positive ☐ Negative

Medications

Antibiotics ☐ None ☐ Azithromycin 1gm PO ☐ Ceftriaxone (Rocephin) 250 mg IM ☐ Metronidazole 2 gm ☐ Given by ED/Clinic ☐ Other _____

Emergency contraception ☐ Levonorgestrel 1.5 mg PO ☐ Ulipristal 30mg ☐ None _____

Other medications provided by ED/Clinic ☐ None ☐ Tdap/Td Vaccine ☐ Hep B ☐ Zofran ☐ HIV nPEP

Reporting and Referral Information

Patient given discharge instructions ☐ Yes ☐ No

Adult protective services notified ☐ Yes ☐ No

Child protective services notified ☐ Yes ☐ No

Time exam complete _____

Printed name of examiner(s)
_____

Signature of examiner(s) _____
_____

Patient Label

Updated 1/23/18