COLLECT ORAL SWABS IF INDICATED, then patient may have fluids
For Suspected Drug Facilitated Sexual Assault, collected blood and urine ASAP
Mandatory Reporting: See “State of Oregon Medical Guidelines for Sexual Assault Evaluation”

| Serious Physical Injury or Injury from a weapon (Injury must be reported. Report of sexual assault is not mandated). | Yes | No |
| <18 years of age or > 65 years of age? | Yes | No |
| Disabled, Mentally Ill? | Yes | No |

Agency Reported to? ____________________________________________
Report made by? ______________________________________________

Date/time of report?
Advocate? Yes No Others present at time of interview: ______________________
Others present at time of exam: ____________________________
Interpreter used? Yes No Name: ___________________________ Language: ______________________

I. SINCE THE TIME OF THE ASSAULT
Has the patient done any of the following since the assault?

| Change clothes? | Yes | No |
| Brushed teeth? | Yes | No |
| Used mouthwash? | Yes | No |
| Vomited? | Yes | No |
| Taken fluids? | Yes | No |
| Bathed/showered? | Yes | No |
| Urinated? | Yes | No |
| Douched? | Yes | No |

If clothing change, location: ___________________________
and description of clothing: ___________________________

When was the last bath/shower? ___________________________
# baths/showers since assault: ___________________________

Tampon/pad in place since assault? Yes No
# tampons used since assault? ___________________________

Tampon/pad to be included in Kit? Yes No
II. REPORT OF INCIDENT – This form is to be completed by ONE examiner.

- Report is not an exhaustive account of every detail of the sexual assault. It is a brief description.
- 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 such as a brief description of physical surroundings, threats, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation.
- Include patient’s descriptions of emotional states before, during and after the assault.
- Ensure that the patient understands your questions and vocabulary.
- Record patient’s own terminology. Do NOT sanitize language.
III. PERTINENT/RECENT HEALTH HISTORY

Has the patient undergone recent medical, surgical or gynecological procedures or treatment which may affect physical findings or evidence collection?

☐ Yes  ☐ No  (describe)

Last menstrual period: ____________________________ Patient menstruating at time of assault?  ☐ Yes  ☐ No

Contraception currently used: (specify if known)

Last consensual sexual contact? ____________________________ Type: ☐ Oral  ☐ Anal  ☐ Vaginal

Is patient pregnant?  ☐ Yes  ☐ No  # of weeks: ____________

IV. INFORMATION PERTAINING TO ASSAULT

Location of assault: (address if known)

House/apartment, automobile, outdoors, other/unknown: (description/details of location)

Did patient consume drugs/alcohol prior to assault:  ☐ Yes  ☐ No  (specify type if known)

Did patient consume drugs/alcohol after the assault:  ☐ Yes  ☐ No  (specify type if known)

V. ASSAILANT(S) INFORMATION

TOTAL # of Assailants: ____________________________

Assailant (a):

Name: ______________________________________ ☐ Unknown

Description: __________________________________________

Relationship to victim: ____________________________ Age: (if known)

Assailant (b):

Name: ______________________________________ ☐ Unknown

Description: __________________________________________

Relationship to victim: ____________________________ Age: (if known)

Assailant (c):

Name: ______________________________________ ☐ Unknown

Description: __________________________________________

Relationship to victim: ____________________________ Age: (if known)
VI. ACTS DESCRIBED BY THE PATIENT

Use patient’s words for penis, vagina, breast, buttocks, anus and ejaculation.

Was there penetration:

<table>
<thead>
<tr>
<th>By:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth:</td>
<td>Yes</td>
</tr>
<tr>
<td>Vagina:</td>
<td>Yes</td>
</tr>
<tr>
<td>Anus:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Did ejaculation occur:

<table>
<thead>
<tr>
<th>Mouth:</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vagina:</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Anus:</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

If externally, where?

On patient’s body? Where? ________________

On an item/object? (specify if known)

During the assault did assailant(s):

<table>
<thead>
<tr>
<th>Use a condom?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use lubrication? (saliva, Vaseline, etc)</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Kiss, lick, spit or make other oral contact?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Touch the patient in any other way?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Any injuries to patient? (specify if known)

Did patient lose consciousness? (specify if known)

Any injuries to assailant(s)? (specify if known)

Were acts performed by the patient on the assailant(s)? | Yes | No | Unknown

☐ Oral Copulation ☐ Masturbation ☐ Foreign Objects: ________________ ☐ Other: ________________

Weapons/Force Used?:

☐ Verbal threats

☐ Strangulation/choking* (if yes, see below)

☐ Bites

☐ Hitting

☐ Burns

☐ Gun

☐ Knife

☐ Blunt object

☐ Restraints

☐ Chemical(s)

☐ Other weapon

☐ Other physical force

(grabbed, grasped or held down)

*Strangulation can cause permanent damage or death if not assessed properly and immediately.

Revised Sept. 2012

Page 4

Examiner Initials:__________
For Reported/Suspected Strangulation Only – Please screen for the following (check all that apply):

*Strangulation can cause permanent damage or death if not assessed properly and immediately.

- Loss of consciousness
- Involuntary urination/defecation
- Difficulty/pain swallowing
- Memory loss
- Voice loss/changes
- Coughing
- Drooling
- Persistent throat pain
- Breathing difficulties
- Nausea/vomiting
- Headache
- Pain/tenderness
- Swelling/edema
- Combativeness/irritability/restlessness
- Uncontrolled shaking
- Hyperventilation
- Dyspnea/apnea
- Petechiae
- Bruising
- Crepitus
- Abnormal carotid pulse

Estimated length of time strangulation occurred: _______________________________________________________

Number of times patient was strangled during incident: _________________________________________________

Number of different methods used for strangulation during incident: ______________________________________

Method(s) of strangulation: _______________________________________________________________________

Description of strangulation event(s): ___________________________________________________________________

Checklist:
- Examine scalp, eyelids, conjunctiva, chin, jaw, shoulders and chest
- Abuse Assessment
- Safety Plan

For Reported/Suspected Drug Facilitated Sexual Assault:

Consider collecting **blood** for **alcohol** testing and **urine** for **drug** testing as soon as possible when:

- Patient appears impaired, intoxicated, or has altered mental status
- Patient reports blackout, memory lapse, or partial or total amnesia for event
- Patient or other is concerned that he or she may have been drugged

Suspected Substances:

Blood Collected?  Yes  No  Urine Collected?  Yes  No

Drug and alcohol testing may be done for legal purposes. Legal specimens follow a chain of custody and are given to law enforcement **not** sent to the lab.

Separate consents for toxicology specimens need not be obtained, but patient should be informed that specimens are obtained.
VII. MEDICAL FORENSIC EXAM (FEMALE)

Affect assessment (describe behavior: awake, alert, sleeping, flat, quiet, crying, etc.):

__________________________________________________________

Physical examination (check if normal, describe if abnormal):

- [ ] Neuro
- [ ] Head
- [ ] Eyes
- [ ] Ears
- [ ] Nose
- [ ] Throat
- [ ] Mouth
- [ ] Chest
- [ ] Breast
- [ ] Abdomen
- [ ] Back
- [ ] Neck
- [ ] Upper Ext.
- [ ] Lower Ext.

Was lubricant used for exam:  [ ] Yes  [ ] No  If yes, type: ________________________________

**Female**

Tanner Stage
- [ ] WNL

Mons Pubis

Clitoral hood/clitoris

Labia majora

Labia minora

Urethral meatus

Posterior fourchette

Fossa navicularis

Vaginal opening

Hymen

Vagina

Cervix

Perianal skin

Anus

Buttocks

Anoscope/rectum

Describe (use diagram for injuries and note here – if not done, note not done.)

- [ ] I.  [ ] II.  [ ] III.  [ ] IV.  [ ] V.

---

If indicated

---

Revised Sept. 2012

Examiner Initials: __________
### VIII. MEDICAL FORENSIC EXAM (MALE)

**Affect assessment** (describe behavior: awake, alert, sleeping, flat, quiet, crying, etc.):


### Physical examination (check if normal, describe if abnormal):

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</table>

- Neuro
- Head
- Eyes
- Ears
- Nose
- Throat
- Mouth
- Chest
- Breast
- Abdomen
- Back
- Neck
- Upper Ext.
- Lower Ext.

Circumcised:  
- Yes
- No

**Male**  

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- Foreskin
- Glans penis
- Penile Shaft
- Urethral meatus
- Scrotum
- Testes
- Perineum
- Rectum
- Anus
- Perianal skin
- Buttocks
- Anoscope/rectum
- Other

Describe (use diagram for injuries and note here – if not done, note not done.)

- I.
- II.
- III.
- IV.
- V.

Male WNL

- Tanner Stage

  - I.
  - II.
  - III.
  - IV.
  - V.

- (if indicated)
**IX. ADULT BODYGRAM**

**Diagram Key** (shade tender areas)

- A = Abrasion
- AL = Alternate Light Source
- B = Bruising
- BI = Bite
- BU = Burn
- CN = Contusion
- FB = Foreign body/debris
- KW = Knife Wound
- LA = Laceration
- PE = Petechiae
- R = Redness
- S = Swelling
- SHX = Sample per history
- SI = Suction Injury
- T = Tear
- TE = Tenderness
- OI = Other Injury

**Diagram A:**

**Diagram B:**
X. ADULT BODYGRAM

Diagram Key (shade tender areas)

- A = Abrasion
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- SHX = Sample per history
- SI = Suction Injury
- T = Tear
- TE = Tenderness
- OI = Other Injury

DIAGRAM C:

DIAGRAM D:

DIAGRAM E:

DIAGRAM F:
### XI. INJURY LOG

Use injury log in conjunction with body map to document type, size, shape and color of injuries.

<table>
<thead>
<tr>
<th>Injury #</th>
<th>Diagram #</th>
<th>Key Code</th>
<th>Photos Taken</th>
<th>Description</th>
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</tbody>
</table>
XII. EVIDENCE COLLECTION

(Follow SAFE kit guidelines. Clearly identify, date, initial and seal all containers.) Check specimens obtained.

A. Clothing worn at time of assault:  □ Obtained  □ Not Obtained  □ N/A
- Have patient undress on large paper sheet.
- Bag clothing individually in paper bags.
- Paper sheet should be folded and placed in paper bag/
- All bags should be sealed and labeled with patient name, date, time and your initials.

List articles of clothing:


B. Hair  □ Obtained  □ Not Obtained  □ N/A
- Pull or comb 24-30 hairs from various areas of head.
- Place in envelope.
- Seal and label envelope

C. Oral Swabs (collect 4):  □ Obtained  □ Not Obtained  □ N/A
- Swab the inner cheek and gum line of mouth with 4 sterile swabs.
- Dry swabs and place in envelope.
- Seal and label envelope.
- Label purpose of collection (semenal fluid/DNA standard).

D. Alternate Light Source (Blue Maxx if available) Examination:  □ Obtained  □ Not Obtained  □ N/A
- Use an alternate light source to examine skin and hair for possible seminal fluid or other body fluids.
- If area fluoresces, collect the sample with water moistened swab(s).
- Place in appropriate envelope.
- Seal and label envelope.

E. If bite marks are present:  □ Obtained  □ Not Obtained  □ N/A
Site(s) swab taken:
- Apply water moistened swab to suspected area to obtain assailant’s saliva.
- The neck and breasts of females and the back and shoulders of males may be additional sites and should be swabbed, especially if reddening appears in these areas.
- Dry swab and place in envelope.
- Seal and label envelope.
Cleanse bite or scratch marks.  □ Done  □ Not Done  □ N/A

F. Pubic Hair Combings:  □ Obtained  □ Not Obtained  □ N/A
- Comb pubic area and place comb, loose hair and any foreign debris in envelope.
- Seal and label envelope.

G. Vaginal Swabs:  □ Obtained  □ Not Obtained  □ N/A
- Saturate 4 swabs in vaginal fluid, 2 at a time.
- Smear 1 glass slide.
- Dry swabs and slide and place in envelope/slide holder.
- Seal and label envelope/slide holder.
H. Cervical Swabs:  
☐ Obtained  ☐ Not Obtained  ☐ N/A
- Swab the cervix with 4 sterile cotton swabs, 2 at a time.
- Smear 1 glass slide.
- Dry swabs and slide and place in envelope/slide holder.
- Seal and label envelope/slide holder.

I. For Rectal Sodomy:  
☐ Obtained  ☐ Not Obtained  ☐ N/A
- Collect 4 rectal swabs, 2 at a time.
- Smear on 1 glass slide.
- Dry swabs and slide and place in envelope/slide holder.
- Seal and label envelope/slide holder.

J. Additional Evidence:  
☐ Obtained  ☐ Not Obtained  ☐ N/A
- Site(s):
- Site(s):
- Site(s):
- Site(s):
- Site(s):
- Site(s):
- Site(s):

K. Photographs:  
☐ Obtained  ☐ Not Obtained  ☐ N/A
- Taken by Whom:
- Camera/equipment used:
- See bodygram for photographs taken

XIII. POLICE DEPARTMENT RECEIPT OF PERSONAL BELONGINGS AND SPECIMENS

This is to certify that on _________ (date) at _________ (time) personal belongings and/or specimens were:  
☐ locked in evidence locker per facility protocol or  
☐ hand delivered to law enforcement

__________________________________________ (printed name of receiving agency)  
__________________________________________ (Signature and title of receiving agency)  
__________________________________________ (RN signature)  
__________________________________________ (SANE #)  
__________________________________________ Date

*Include copies of pages 1 – 12 in the SAFE Kit.*
**XIV. HIV RISK ASSESSMENT FOR Post-exposure Prophylaxis** *(Discuss with Physician if “yes”)*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Vaginal or anal penetration</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Ejaculation occurred on mucous membranes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Multiple Assailants</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Mucosal lesions present in patient</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e. Drug use by assailant (IV crack, cocaine, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>f. Assailant having multiple sexual partners</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>g. Male assailant having sex with other males</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>h. Sex industry/human trafficking</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*(describe)*

*See HIV Algorithm for a more complete assessment*

**XV. TREATMENT**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. STI Prophylaxis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chlamydia prophylaxis</td>
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<td></td>
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<tr>
<td>- Gonorrhea prophylaxis</td>
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<td></td>
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<tr>
<td>- BV/trichomonas prophylaxis</td>
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<tr>
<td>b. Negative Pregnancy Test</td>
<td></td>
<td></td>
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<tr>
<td>c. Emergency Contraception offered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Tetanus immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Hepatitis B. Vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. HIV nPEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other Medications</td>
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</tbody>
</table>

**XVI. FOLLOW UP AND REFERRALS**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Referral packet given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Counseling/social worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Crisis intervention agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Practitioner follow-up</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*DO NOT Include this Page in SAFE Kit.*