STEP 1
PATIENT CONSENT FOR EXAM and FREPP BILLING

Confidential Document | **Patient Identification Label**

A. GENERAL INFORMATION (PRINT CLEARLY) **Sexual Assault Evidence Kit Number:**

1. Name of Patient

2. Address	☐ **Unhoused**	**City**	**State**	**Zip Code**	**Telephone or other contact method**

3. Age	**DOB**	**Gender**	**Sex Assigned at Birth, if different**	**Ethnicity**	**Date/Time of Arrival**

B. REPORTING **Jurisdiction** ☐ **FREPP*** ☐ **Law Enforcement Agency**

Name of Responding Officer	**Agency**	**ID Number**	**Telephone**	**Case#**

C. PATIENT INFORMATION

Health care professionals are required by law to report to the proper authorities cases in which medical care is sought for gunshot or stab wound injuries (37-2-302, MCA). Medical personnel are also required to report cases involving child abuse (under age 18), elder abuse (over age 60) and abuse of the developmentally disabled (41-3-201 and 52-3-811, MCA).

Medical information contained in this report is confidential and protected under state law. However, patient information, without patient authorization, may be released upon court order; may be released to a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured by the possible criminal act of another (50-16-530(4) and 50-16-525, MCA) and as required when necessary to implement or enforce state statutes or local health rules concerning the prevention or control of reportable diseases (50-1-202, MCA).

Victims of crime are eligible to submit crime victim compensation claims to the Office of Crime Victim Services for out-of-pocket medical expenses and psychological counseling. In order to be eligible for compensation, a crime must be reported to law enforcement within 72 hours of occurrence or show good cause why it was not reported in that time frame; the time for filing a claim may be extended for good cause shown.

D. PATIENT CONSENT

A medical forensic examination can, with your consent, be conducted to collect evidence of a sex crime. This typically occurs within 120 hours of the assault. The exam may include the following procedures: Obtain pertinent patient/assault history; Perform physical exam; Administer appropriate medical treatment; Screen for pregnancy and sexually transmitted infections and/or administer medications for pregnancy and STI prophylaxis, if appropriate; Collect evidence including, but not limited to, clothing; fingernail, stain, vaginal, rectal, and reference DNA sample swabs; debris; blood/urine specimens for drug/alcohol testing (toxicology), if indicated, and photographs of physical injuries, which may include genital area; Release evidence collected and information obtained to law enforcement or the Forensic Rape Examination Payment Program (FREPP) at the Montana Department of Justice Office of Victim Services, if the case is not reported to law enforcement.

Please check a box below:

☐ I request to report this sexual assault to the law enforcement agency that has jurisdiction of where the assault occurred and have forensic evidence collected. I understand that the law enforcement agency shall send my Sexual Assault Evidence Kit to the Montana State Crime Lab within 30 days

☐ I do not want to report this sexual assault at this time to any law enforcement agency, but I request to have forensic evidence collected. I understand that my Sexual Assault Evidence Kit will be sent to the FREPP program within the Montana Department of Justice Office of Victim Services. My Sexual Assault Evidence Kit will remain in the FREPP program until I file a report with a law enforcement agency or contact the Office of Victim Services. FREPP preserves sexual assault evidence kits for seventy-five (75) years. The statue of limitations or time to commence a prosecution is different than the 75 years the sexual assault evidence kit will be preserved. I request the medical facility that conducted the exam bill FREPP for the cost of the exam and authorize the facility to release any information necessary to FREPP to complete the billing process.

☐ I do not want to report this sexual assault at this time. I decline any forensic evidence collection. I only request to be evaluated by a medical provider.

☐ I do not want to report this sexual assault at this time. I decline any forensic evidence collection and evaluation by a medical provider at this time.

Patient Request:

☐ I request that an advocate be contacted on my behalf. Name of advocate, if present:_______________________

☐ Other request (specify):

If I choose to report to law enforcement, I authorize the agents of the above named medical facility to release the medical report and evidence collected to the appropriate law enforcement agency. I understand that this is not a routine medical checkup, and that the clinician doing the exam will not be held responsible for identifying, diagnosing, or treating any existing medical problems. I hereby waive all medical privilege in connection with the examination, treatment, and evidence found. I expressly authorize the use of such information/evidence in any subsequent criminal proceedings against the assailant(s). I also consent to the review of the medical/forensic evaluation by a multidisciplinary team for the purpose of coordinating the investigation and interventions. The multidisciplinary team may include professionals from many disciplines including law enforcement, prosecution, child protection, mental health/advocacy and health care. I understand that while I am not responsible for the cost of the collection of evidence, I may still be responsible for the cost of other treatments received during the visit.

Signature of Patient (or Guardian-Relationship) Date

Clinician Signature Date

MEDICAL FACILITY: Place original (white) set of completed forms in the envelope on the underside of the kit for law enforcement; place the yellow set or a copy of the originals inside the kit for the crime lab. Scan or retain a copy of the originals for your medical facility.
***IF THE KIT IS MAILED TO FREPP, place an additional copy of the STEP 1 consent form only in the shipping package with the kit.**

STEP 2
PATIENT NARRATIVE

Please have the patient describe the assault in their own words. Include only information directly related to the assault. This may be typed and attached to forms (indicate below).

Patient Identification Label

☐ See Typed Narrative

Clinician's Initials: ____________

Distribute all pages of the document as listed below:
Original (Law Enforcement – Put in Envelope on Underside of Kit) **Yellow or copy of original** (Crime Lab – Put in Kit) **Scan/copy original** (Medical Facility – Retain)

MT100B:STEP2.1 10/24

STEP 3
PATIENT HISTORY

Collect pertinent patient history. Be sure to fill out forms completely, the answers will help you determine specific samples to collect and alert you to inform law enforcement about additional items (i.e. clothing, partner's reference standard, toxicology kit) that may need to be collected.

Patient Identification Label

A. PERTINENT MEDICAL HISTORY:

1. **Name of person providing history, if not patient**: ______________________ **Relationship to patient**: ___________________
2. **Any known allergies?** ☐ No ☐ Yes If yes, describe: ____

   ____
3. **Is patient currently taking any medications?** ☐ No ☐ Yes If yes, list: ______________________________________

   ____

   Is patient currently taking birth control? ☐ No ☐ Yes If yes, list: _______________________________________
4. **Any pre-assault medical conditions?** ☐ No ☐ Yes If yes, describe: ____

   ____
5. **Any past surgical history?** ☐ No ☐ Yes If yes, describe: ____

   ____
6. **Any pre-assault physical injuries?** ☐ No ☐ Yes If yes, describe: ____

   ____
7. **For patients with female genitalia:** ☐ N/A **LMP** ____/____/____

   Menstruating at time of assault? ☐ No ☐ Yes Currently? ☐ No ☐ Yes

   Have you ever given birth vaginally? ☐ No ☐ Yes

   Do you think it's possible that you are currently pregnant? ☐ No ☐ Yes
8. **Patient Safety**
   a. **Do you feel safe in your home?** ☐ No ☐ Yes
   b. **Do you feel safe in your current relationship?** ☐ No ☐ Yes
   c. **Are you currently thinking of killing or harming yourself?** ☐ No ☐ Yes

   Document any resources provided in follow up by examiner in Step 12.

B. PERTINENT PATIENT HISTORY:

1. **Any other intercourse within past week with someone other than assailant?** ☐ No ☐ Yes If yes, when? ____/____/____

   Did ejaculation occur during that encounter? ☐ No ☐ Yes ☐ Unsure If yes, where? ____________________________
2. **Circle all the actions the patient has taken since the assault:**

Bathed	Showered	Washed genitals	Wiped genitals	Brushed Teeth	Rinsed mouth	Vomited
Ate	Drank	Urinated	Defecated	Inserted tampon		

   Removed tampon? ☐ No ☐ Yes (If yes, where is tampon currently?) _____________________________________

   Removed anything else from or inserted anything else into vagina or anus? ☐ No ☐ Yes

   (If yes, what? And current location of item)____
3. **Other pertinent details:** ____

C. PATIENT'S CLOTHING:

Is the patient wearing clothing worn during the assault? ☐ No* ☐ Yes ☐ Unsure

Collect clothing worn during or right after the assault if it shows signs of the assault and/or suspect's body fluid (semen, blood, saliva). Describe what was collected and why:____

____

____

*Inform law enforcement to collect clothing from the assault if patient not currently wearing. ☐ Photographs of clothing taken

D. POST-ASSAULT SYMPTOMS:

1. **Non-genital injury, pain and/or bleeding?** ☐ No ☐ Yes If yes, describe: ____________________________________

   ____
2. **Genital injury, pain and/or bleeding?** ☐ No ☐ Yes If yes, describe: ____

   ____
3. **Loss or gaps in memory?** ☐ No ☐ Yes If yes, consider Toxicology and describe: ____________________________
4. **Loss of consciousness?** ☐ No ☐ Yes If yes, consider Toxicology and describe: _____________________________

Clinician's Initials: ___________

STEP 4
PATIENT ASSAULT HISTORY

Collect detailed information regarding the assault if patient can recall details. Be sure to fill out forms completely, the answers will help you determine specific samples to collect.

Patient Identification Label

Date of Assault(s):	**Time of Assault(s):**
Location of Assault:	

Assailant(s) Name(s)	**Age**	**Sex assigned at birth**	**Relationship to Patient** Known	Unknown
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		

Methods Used by Assailant(s):

	No	Yes	If yes, describe and note resulting injuries:
Threat(s) to self or others	☐	☐	________
Weapons	☐	☐	________
Other coercion/threats	☐	☐	________
Any physical actions (including but not limited to grabbing holding, pinching, hitting with fist/hand/object, kicking)	☐	☐	________

Strangulation/suffocation assessment

Anything placed on/against your neck/mouth/nose? ☐ No ☐ Yes

Any pressure applied to your neck/mouth/nose? ☐ No ☐ Yes

Was it difficult to breathe? ☐ No ☐ Yes

Did you lose consciousness or feel like you were going to? ☐ No ☐ Yes ☐ Unsure

Notes: ________

Ingestion of alcohol/drugs ☐ No ☐ Yes ☐ Unsure ☐ Declined

If yes: ☐ forced ☐ coerced ☐ suspected ☐ voluntary

What was ingested? ☐ Alcohol ☐ Drugs ☐ Unsure

Was patient's reaction to the alcohol/drug normal for them? ☐ No ☐ Yes

***If history indicates the possibility of drug/alcohol facilitated sexual assault, consider obtaining toxicology specimen.*

☐ *If 0 to 24 hours since suspected ingestion, serum and urine.* ☐ Patient Declined

☐ *If 24 to 120 hours since suspected ingestion, urine only.* ☐ Patient Declined

Additional Notes: ________

Was assailant(s) bleeding or injured during assault? ☐ No ☐ Yes

If yes, describe injuries and how they were inflicted: ________

Acts Described by Patient: (circle impacted body part)

Patient's penis or vulva/vagina touched by assailant's:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Vulva/Vagina	☐	☐	☐	☐
Anus	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Tongue/Mouth	☐	☐	☐	☐
Object:________	☐	☐	☐	☐

Patient's vulva and/or vagina penetrated by assailant's:

☐ N/A	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Vulva/Vagina	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Tongue/Mouth	☐	☐	☐	☐
Object:________	☐	☐	☐	☐

Patient's anus penetrated by assailant's:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Tongue/Mouth	☐	☐	☐	☐
Object:________	☐	☐	☐	☐

Patient's mouth penetrated by assailant's:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Vagina	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Object:________	☐	☐	☐	☐

Non-genital act(s):

	No	Yes	Attempted	Unsure
Licking	☐	☐	☐	☐
Kissing	☐	☐	☐	☐
Suction Injury	☐	☐	☐	☐
Biting	☐	☐	☐	☐

Describe: ________

Describe any other assault-related activities that occurred:

____

Did ejaculation occur during assault?

☐ No ☐ Yes ☐ Unsure

If yes, where? ________

Contraceptive or lubricant products used during assault:

☐ N/A	No	Yes	Unsure
Lubricant	☐	☐	☐
Condom	☐	☐	☐

Describe: ________

Patient has no recollection of assault details ☐

*Clinician's Initials:*________

Distribute all pages of the document as listed below:
Original (Law Enforcement – Put in Envelope on Underside of Kit) **Yellow or copy of original** (Crime Lab – Put in Kit) **Scan/copy original** (Medical Facility – Retain)

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STEP 5
HEAD/ORAL EXAMINATION

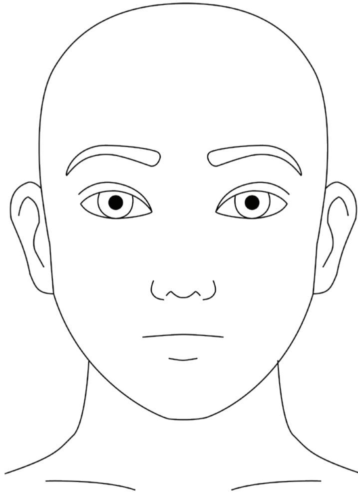
Record all findings of exam using diagrams, legend, and a consecutive numbering system.

Follow instructions on Envelopes 5 and 9 for Evidence Collection.

Patient Identification Label

Use this diagram to document any injuries to the head/oral cavity and indicate sample types collected and locations of collection.

Diagram A - Head



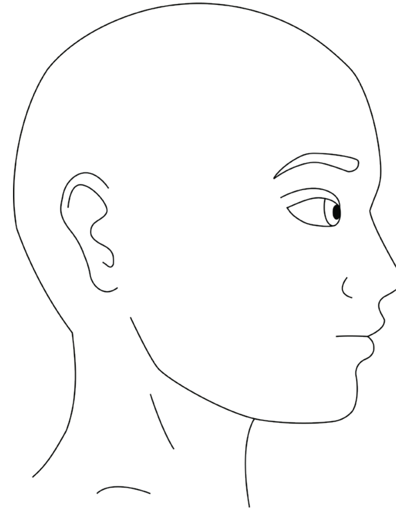
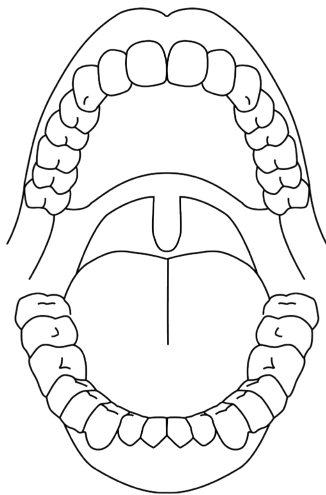
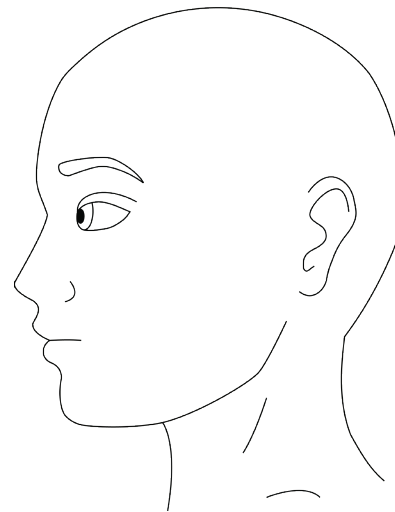


Diagram B - Mouth





LEGEND: Types of Findings

AB Abrasion
ALS Alternate Light Source
BI Bite (apparent)
BR Bruise
BU Burn
DE Debris
DF Deformity
DS Dry Secretion
ER Erythema (redness)
FB Foreign Body
H/F Hair/Fiber
IN Induration (firmness)
IW Incised Wound
LA Laceration
MS Moist Secretion
NB Non-blanching
OF Other Foreign Materials (describe)
OI Other Injury (describe)
PE Petechiae
PI Previous Injury
PS Potential Saliva
SI Suction Injury
SW Swelling
TB Toluidine Blue
TE Tenderness
V/S Vegetation/Soil

Locator #	Type	Description	Locator #	Type	Description

Clinician's Initials: ___________

Distribute all pages of the document as listed below:
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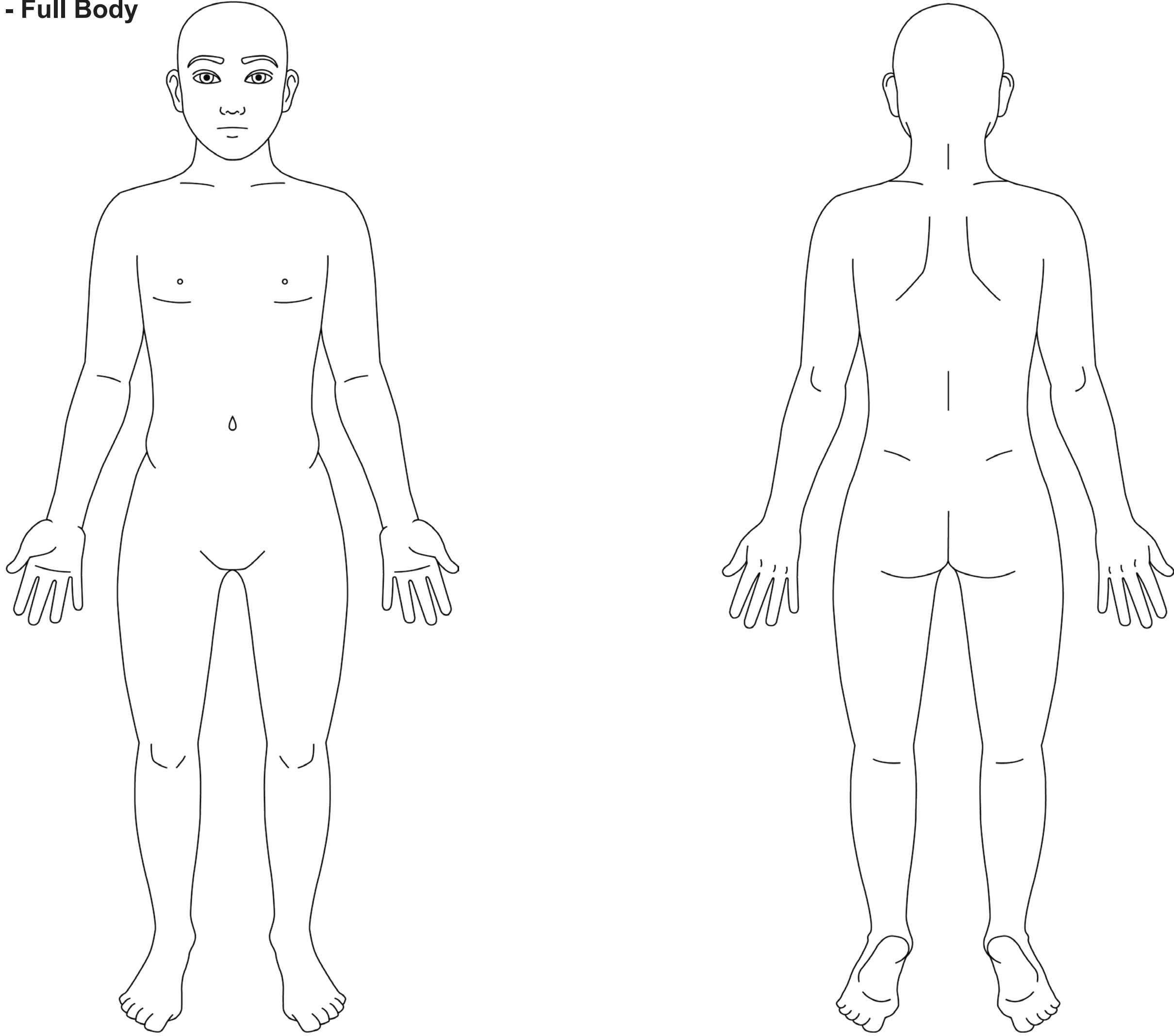
STEP 8
GENERAL PHYSICAL EXAMINATION

Record all findings of exam using diagrams, legend, and a consecutive numbering system. Use this diagram to document any injuries and/or the location of area(s) evidence is collected from and evidence type.

Follow instructions on Envelopes 6 - 8B for Evidence Collection.

Patient Identification Label

Diagram C - Full Body



LEGEND: Types of Findings

AB Abrasion
ALS Alternate Light Source
BI Bite (apparent)
BR Bruise
BU Burn
DE Debris
DF Deformity
DS Dry Secretion
ER Erythema (redness)
FB Foreign Body
H/F Hair/Fiber
IN Induration (firmness)
IW Incised Wound
LA Laceration
MS Moist Secretion
NB Non-blanching
OF Other Foreign Materials (describe)
OI Other Injury (describe)
PE Petechiae
PI Previous Injury
PS Potential Saliva
SI Suction Injury
SW Swelling
TB Toluidine Blue
TE Tenderness
V/S Vegetation/Soil

Locator #	Type	Description	Locator #	Type	Description

Clinician's Initials: ___________

Distribute all pages of the document as listed below:
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STEP 9 GENITAL EXAMINATION – FEMALES
☐ N/A

Follow instructions on Envelopes 8A - 9E for Evidence Collection.

In General, if within 120 hours of assault or as indicated by patient narrative:

1. Examine the inner thighs, external genitalia and perineal area for foreign materials. Use magnification as needed.
2. Collect foreign materials/debris. (Envelope 8A)
3. Collect pubic hair combings and tape lift as needed. (Envelope 9A)
4. Swab visible stains/secretions, additional fluorescent areas, and areas indicated by patient for suspect saliva/semen using two swabs/area. (Envelope 8B, 9D)
5. Examine the inner thighs, external genitalia, and perineal area for injury. Document on diagrams and/or by photography.
6. Collect external genitals swabs. (Envelope 9B)
7. Examine the vagina and cervix for injury.
   Speculum insertion? ☐ No ☐ Yes ☐ Not Indicated ☐ Declined
   Lubricant used for speculum insertion? ☐ No ☐ Yes
   If yes, what brand? ____________________
8. Collect tampon/intravaginal object. (See Envelope 9C) ☐ No ☐ Yes ☐ N/A
9. Collect four swabs from the vagina/cervix. If there was a previous sex partner in the week before the assault (and that sex partner is different than the assailant), collect two swabs from the vagina and two swabs from the cervix. Box the sets separately and label appropriately. (Envelope 9C)
10. Examine the buttocks, perianal skin and anal folds for injury/materials. Document on diagrams/forms.
11. Consider an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
    Anoscope insertion? ☐ No ☐ Yes ☐ Not Indicated ☐ Declined
    Lubricant used for anoscope insertion? ☐ No ☐ Yes
    If yes, what brand? ____________________
12. Within 72 hours of assault, collect two rectal and/or perianal swabs (if indicated). (Envelope 9E)

Describe any injuries or abnormalities noted on diagrams:

____

Patient Identification Label

Diagram D

Diagram E

Diagram F

Diagram G

RECORD ALL SPECIMENS COLLECTED ON STEP 11 FORM

Clinician's Initials: ___________

STEP 9 GENITAL EXAMINATION – MALES

☐ N/A

Follow instructions on Envelopes 8A - 9E for Evidence Collection.

Circumcised: ☐ No ☐ Yes

In General, if within 120 hours of assault or as indicated by patient narrative:

1. Examine the inner thighs, external genitalia and perineal area for foreign materials. Use magnification as needed.
2. Collect foreign materials/debris. (Envelope 8A)
3. Collect pubic hair combings and tape lift as needed. (Envelope 9A)
4. Swab visible stains/secretions, additional fluorescent areas, and areas indicated by patient for suspect saliva/semen using two swabs/area. (Envelope 8B, 9D)
5. Examine the inner thighs, genitalia, and perineal area for injury. Document on diagrams and/or by photography.
6. Collect external genitals swabs. (Envelope 9B)
7. Examine the buttocks, perianal skin and anal folds for injury/materials. Document on diagrams/forms. Collect anal/perianal swabs if indicated. (Place in Envelope 9E)
8. Consider an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
   Anoscope insertion? ☐ No ☐ Yes ☐ Not Indicated ☐ Declined
   Lubricant used for anoscope insertion? ☐ No ☐ Yes
   If yes, what brand? ____
9. Within 72 hours of assault, collect two rectal swabs (if indicated). (Envelope 9E)

Describe any injuries or abnormalities noted on diagrams:

____

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Patient Identification

Diagram H

Diagram I

Diagram J

Diagram K

RECORD ALL SPECIMENS COLLECTED ON STEP 11 FORM

Clinician's Initials: ___________

Distribute all pages of the document as listed below:
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STEP 11
INVENTORY/CHECK LIST

Be sure to note in 11A which samples were collected and which omitted, noting the reasons for omission. Discard unused envelopes. See directions at bottom of page for where to place collected envelopes (in kit or Trace/Non-Lab Sample envelope).

Patient Identification Label

A. EVIDENCE FOR CRIME LAB

Description	✓If collected or # from diagrams	How many swabs collected, if different than expected #	If omitted, reason why
Toxicology Sample			☐ More than 120 hours post assault ☐ N/A
5 Oral Swabs			☐ More than 24 hours post assault ☐ N/A ☐ Teeth brushed
6 Fingernail Swabs			☐ N/A
7A Catch Paper			☐ Clothing changed prior to arrival ☐ N/A
Outer Clothing/Brassier (Paper bags — not supplied) Collect for laboratory if semen reported to be on, **DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)**			☐ Clothing changed prior to arrival ☐ Collected by law enforcement ☐ Declined ☐ N/A
7B Underwear Bag — DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)			☐ Collected by law enforcement ☐ Declined ☐ N/A
8A Debris Collection			☐ N/A
8B Stain Swabs			☐ Declined ☐ N/A
9A Hair Tape Lift/Combings			☐ Declined ☐ N/A ☐ More than 12 hours post assault ☐ Patient shaved
9B External Genital/Penile/Scrotal Swabs			☐ Declined ☐ N/A ☐ More than 120 hours post assault
9C Vaginal/Cervical Swabs			☐ Declined ☐ N/A ☐ More than 120 hours post assault
9D Additional Swabs			☐ Declined ☐ N/A ☐ More than 120 hours post assault
Tampon/intravaginal foreign body (Paper bag — not supplied) **DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)**			☐ N/A
9E Rectal or Anal/Perianal Swabs			☐ Declined ☐ N/A ☐ More than 120 hours post assault
10 Known DNA Reference Sample			This sample is required by Crime Laboratory for DNA analysis to be completed

B. OTHER EVIDENCE AT MEDICAL FACILITY

☐ Photographs ☐ X-Rays ☐ Notes ☐ Video ☐ EMT/Paramedic Report

☐ Other: ______________________________

C. PHOTO DOCUMENTATION METHODS

	No	Yes	Digital Stills	Video Recording	Patient Declined
Body	☐	☐	☐	☐	☐
Genitals	☐	☐	☐	☐	☐

Photographed by: ______________________________

D. RECORD ANO-GENITAL EXAM METHODS

	No	Yes		No	Yes
Direct Visualization	☐	☐	Toluidine Blue	☐	☐
Colposcope	☐	☐	Speculum	☐	☐
Cortexflo	☐	☐	Anoscope	☐	☐
Other Magnifier	☐	☐	Other: __________	☐	☐

Describe: ______________________________

____

____

____

***** Place Step 5, 6, 8B, 9B, 9C, 9D, 9E, and 10 sample envelopes (if collected) directly in the kit; place remaining collected envelopes in the Trace/Non-Laboratory Samples Envelope and then seal it. Discard unused envelopes.**

Clinician's Initials: __________

Distribute all pages of the document as listed below:
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STEP 12
SUMMARY/FOLLOW UP

Patient Identification Label

1. Patient's vital signs: Pulse:______ Respiration:______ Temp:______ Blood Pressure:______ Pulse OX:______ Date/Time:_______________
2. Describe patient's general physical appearance: ____________________
3. Describe patient's demeanor: ____________________
4. Other notes, if applicable: ____________________

LAB RESULTS

Pregnancy Test	☐ Blood	☐ Urine	Result ____________
STI Testing	☐ No	☐ Yes	Type ____________
Other:___________	☐ No	☐ Yes	Type ____________

Notes: ____________________

Medications provided to patient

☐ Prophylactic Antibiotics:____________________

☐ Emergency Contraception: ____________________

☐ Other: ____________________

FOLLOW-UP BY EXAMINER

No	Yes	
☐	☐	DOJ Office of Victim Services Information Provided
☐	☐	Local Victim Advocacy Information given to patient?
☐	☐	Permission obtained to contact patient?
☐	☐	GYN/Medical/STI follow-up appointment made?
☐	☐	Counseling referral given?
☐	☐	Referral to other facility/physician?

Notes & Recommendations:____________________

COMPLETION CHECK LIST

☐ Complete "Medical Personnel" and "Swabs Collection" sections on the top of the kit box.

☐ Agency/investigating officer informed of other potential evidence to collect (i.e., clothing, suspect samples, condom, consensual sex partner reference standard) — ☐ **N/A**

☐ If shipping to FREPP, copy of Page 1 Consent Form made to be shipped with kit.

Who else besides patient and examiner was present during each portion of the exam?	**Registration and Informed Consent**	**History Collection**	**Physical Exam**	**Discharge**	**N/A**
Advocate	☐	☐	☐	☐	☐
Other (include name): ____________	☐	☐	☐	☐	☐
Other (include name): ____________	☐	☐	☐	☐	☐

Date/Time of Discharge: ____________________

Exam performed by (print name): ____________________ Signature:____________________

Date: __________ Time: __________ Phone Number: ____________________ Email:____________________

Clinician's Initials: __________

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