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: _____

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)