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)