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	Relationship to Patient: 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)