

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: _____

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: _____

Medications provided to patient

- ☐ Prophylactic Antibiotics: _____
☐ Emergency Contraception: _____
☐ Other: _____

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:

10 Original (Law Enforcement – Put in Envelope on Underside of Kit) Copy of original (Crime Lab – Put in Kit) Scan/copy original (Medical Facility – Retain)

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