

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: _____

Distribute all pages of the document as listed below:

3 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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