

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.

Date of Assault(s):		Time of Assault(s):		
Location of Assault:				
Assailant(s) Name(s)	Age	Sex assigned at birth	Relationship to Patient	
			Known	Unknown
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		

	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)	☐	☐	

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: _____

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:

If yes, describe injuries and how they were inflicted: _____

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Vulva/Vagina	☐	☐	☐	☐
Anus	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Tongue/Mouth	☐	☐	☐	☐
Object:	☐	☐	☐	☐

☐ N/A	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Vulva/Vagina	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Tongue/Mouth	☐	☐	☐	☐
Object:	☐	☐	☐	☐

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Tongue/Mouth	☐	☐	☐	☐
Object:	☐	☐	☐	☐

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Vagina	☐	☐	☐	☐
Finger/Hand	☐	☐	☐	☐
Object:	☐	☐	☐	☐

	No	Yes	Attempted	Unsure
Licking	☐	☐	☐	☐
Kissing	☐	☐	☐	☐
Suction Injury	☐	☐	☐	☐
Biting	☐	☐	☐	☐
Describe:				

☐ No ☐ Yes ☐ Unsure

If yes, where? _____

☐ N/A	No	Yes	Unsure
Lubricant	☐	☐	☐
Condom	☐	☐	☐
Describe:			

Clinician's Initials: