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: __________

Original (Law Enforcement – Put in Envelope on Underside of Kit)  Yellow (Crime Lab – Put in Sex Crime Kit)  Pink (Medical Facility)