

# 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, which to include in laboratory envelope, 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: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_
2. LMP \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Was patient menstruating at time of assault?  No  Yes Currently?  No  Yes
3. Are you currently on birth control?  No  Yes If yes, describe: \_\_\_\_\_
4. Any known allergies?  No  Yes If yes, describe: \_\_\_\_\_
5. Is patient currently taking any medications?  No  Yes If yes, list: \_\_\_\_\_
6. Any medical conditions or pre-existing physical injuries?  No  Yes If yes, describe: \_\_\_\_\_
7. Have you ever given birth vaginally?  No  Yes If yes, when? \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_
8. Do you think it's possible that you are currently pregnant?  No  Yes
9. Do you feel safe in your current relationship and your home?  No  Yes

### B. PERTINENT PATIENT HISTORY:

1. Other intercourse within past week?  No  Yes If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
If yes, did ejaculation occur?  No  Yes  Unsure If yes, where? \_\_\_\_\_
2. Drug/alcohol use 24 hours prior to the assault?  No  Yes  Unsure (If yes or unsure, collect Toxicology, use kit #MTK100).
3. Drug/alcohol use since the assault?  No  Yes  Unsure (If yes or unsure, collect Toxicology).  
\*\* If history indicates the possibility of drug facilitated sexual assault, obtain toxicology specimen.  
 If 0 to 24 hours since suspected ingestion, serum and urine.  
 If 24 to 120 hours since suspected ingestion, urine only.

### C. POST-ASSAULT ACTIONS BY PATIENT (prior to evidence collection):

1. Changed clothes?  No  Yes If yes, describe: \_\_\_\_\_
2. Bathed/showered?  No  Yes
3. Brushed/washed hair?  No  Yes If yes, describe: \_\_\_\_\_
4. Washed/wiped genitals?  No  Yes If yes, with what: \_\_\_\_\_
5. Brushed teeth/rinsed mouth?  No  Yes
6. Ate or drank?  No  Yes
7. Vomited?  No  Yes
8. Urinated?  No  Yes
9. Defecated?  No  Yes
10. Removed/inserted tampon?  No  Yes If yes, where is tampon: \_\_\_\_\_

### D. CONDITION OF PATIENT'S CLOTHING:

Was the clothing collected worn during/immediately after assault?\*  No  Yes

Describe condition of clothing & list clothing worn (if clothing worn during assault): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*If not wearing clothing from assault, inform law enforcement to collect.

Photographs of clothing taken

### E. 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, collect Toxicology and describe: \_\_\_\_\_

Clinician's Initials: \_\_\_\_\_