STEP 4

PATIENT ASSAULT HISTORY

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 & include in laboratory envelope.

Patient Identification Label

Date of Assault(s):	**Time of Assault(s):**
Location of Assault:	

Assailant(s) Name(s)	**Age**	**Gender**	**Relationship to Patient**	
			Known	**Unknown**
		M F		
		M F		
		M F		
		M F		

Methods used by assailant(s):

	No	Yes	If yes, describe:
Threat(s) to self or others	☐	☐	
Physical restraints	☐	☐	
Grabbing/holding/pinching	☐	☐	
Other methods of coercion/threats	☐	☐	
Physical blows	☐	☐	
Strangulation	☐	☐	
Weapons	☐	☐	
Threatened?	☐	☐	
Injuries inflicted?	☐	☐	
Other methods	☐	☐	

Ingestion of alcohol/drugs ☐ ☐ ☐ alcohol ☐ drugs

If yes: ☐ forced ☐ coerced ☐ suspected

If yes, collection of Toxicology samples is recommended.

Notes: _____

Was assailant(s) bleeding or injured during assault?

☐ No ☐ Yes

If yes, describe injuries and how they were inflicted.

Acts Described by Patient:

External genitals (vulva) penetration by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Tongue	☐	☐	☐	☐

Notes: _____

Vaginal penetration by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Tongue	☐	☐	☐	☐

Notes: _____

Anal penetration by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Tongue	☐	☐	☐	☐

Notes: _____

Oral contact of genitals:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Vagina	☐	☐	☐	☐

Notes: _____

Non-genital act(s):

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

Location & Notes: _____

Are there any other objects that went inside you? Or any other assault-related activities that occurred? Please describe:

_____

Did ejaculation occur?

☐ No ☐ Yes ☐ Unsure

If yes, where? _____

Contraceptive or lubricant products used:

	No	Yes	Unsure
Lubricant	☐	☐	☐
Condom	☐	☐	☐

Other: _____

Patient has no recollection of assault details ☐

Clinician's Initials: _____