**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 the laboratory envelope.

<table>
<thead>
<tr>
<th>Date of Assault(s):</th>
<th>Time of Assault(s):</th>
</tr>
</thead>
</table>

**Location of Assault:**

<table>
<thead>
<tr>
<th>Assailant(s) Name(s)</th>
<th>Age</th>
<th>Gender</th>
<th>Relationship to Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M F</td>
<td>Known Unknown</td>
</tr>
</tbody>
</table>

**Acts Described by Patient:**

External genitals (vulva) penetration by:

- Penis
- Finger
- Tongue

Notes: ____________________________

Vaginal penetration by:

- Penis
- Finger
- Tongue

Notes: ____________________________

Anal penetration by:

- Penis
- Finger
- Tongue

Notes: ____________________________

Oral contact of genitals:

- Penis
- Vagina

Notes: ____________________________

Non-genital act(s):

- 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:

_______________________________

_______________________________

_______________________________

_______________________________

_______________________________

**Methods used by assailant(s):**

- 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.

_______________________________

_______________________________

_______________________________

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Did ejaculation occur?

- No
- Yes
- Unsure

If yes, where?

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**Contraceptive or lubricant products used:**

- Lubricant
- Condom
- Other:

_______________________________

_______________________________

_______________________________

_______________________________

_______________________________

**Patient has no recollection of assault details**

**Clinician’s Initials: ____________________________**