



Medical Forensic Documentation Forms

Patient Information:			
Legal Name:		Current Name:	
Address:			
City:	State:	Zip:	County:
Contact Number:			
DOB:		Age:	
Sex Assigned at Birth:		Race:	

Examination Information:

Examiner:
Exam Date:
Exam Begin Time:
Medical Facility:
Medical Facility Contact Number:

Name of Guardian:
Person Providing History:
Relationship to Patient:
Persons Present During Exam:

Avoid multiple interviews. Take time to establish rapport. Avoid leading or yes/no questions. Use direct quotes whenever possible. Avoid surprise or negative emotions, while still showing concern and support.

Patient History of Assault:

Date of Assault:
Time of Assault:
Location/ Physical Surroundings of Assault:
Name and/or Description of Assailant(s): (If assailant is under the age of 18, document age if known)
1.
Relationship to Patient (if known):
2.
Relationship to Patient (if known):
3.
Relationship to Patient (if known):



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Acts Described by Patient/Historian

o Information not obtained at this time due to patient being pre-pubescent, unconscious, intubated, or other (please explain) _____ (Go to page 4):

Penetration of Female Sex Organ (Vulva) by:

- Penis: Yes No Touched Unknown
- Finger: Yes No Touched Unknown
- Object: Yes No Touched Unknown
- Mouth: Yes No Touched Unknown

What: _____

Penetration of Anus by:

- Penis: Yes No Touched Unknown
- Finger: Yes No Touched Unknown
- Object: Yes No Touched Unknown
- Mouth: Yes No Touched Unknown

What: _____

Did Patient Have Oral Contact with Assailant's: (If yes, Miscellaneous Swab Collection Envelope may be appropriate)

- Female Sex Organ (Vulva): Yes No Unknown N/A
- Penis: Yes No Unknown N/A
- Anus: Yes No Unknown
- Mouth: Yes No Unknown

Other (including biting): _____

Did Assailant Have Oral Contact with Patient's: (If yes, Miscellaneous Swab Collection Envelope may be appropriate)

- Penis: Yes No Unknown N/A
- Mouth: Yes No Unknown

Other (including biting): _____

Was any part of the patient's body kissed, licked, sucked or bitten? (If yes, see Miscellaneous Swab Collection Envelope)

- Yes No Unknown

Describe: _____

Did Patient Scratch Assailant: (If yes, see Fingernail Specimen Envelope) Yes No Unknown

Did Ejaculation Occur Outside: (If yes, see Miscellaneous Swab Collection Envelope)

- Yes No Unknown

Where: _____

Did Ejaculation Occur Inside: Yes No Unknown

Condom Used by Assailant: Yes No Unknown

Where Discarded: _____ Unknown



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Methods Used by Assailant(s):

o Information not obtained at this time due to patient being pre-pubescent, unconscious, intubated, or other (please explain) _____ (Go to page Post-Assault Hygiene/Activity):

Weapon(s): Yes No Unknown Describe _____

Punched/Slapped/Kicked: Yes No Unknown Describe _____

Grabbed/Held Down: Yes No Unknown Describe _____

Physical Restraints: Yes No Unknown Describe _____

Burned: Yes No Unknown Describe _____

Verbal Threats: Yes No Unknown Describe _____

Use of Ligature: Yes No Unknown Describe _____

Strangulation: Yes No Unknown Describe _____
(If yes, complete a strangulation assessment)

Other _____

Post-Assault Hygiene/Activity:

Urinated: Yes No Vomited: Yes No

Defecated: Yes No Ate/Drank: Yes No

Genital Wipe/Wash: Yes No Brushed Teeth: Yes No

Bathed: Yes No Chewed Gum: Yes No

Showered: Yes No Smoked: Yes No

Clothing change Yes No Douched: Yes No N/A

Removed/Inserted a Tampon, Diaphragm, Sponge, Maxi pad (circle): Yes No N/A

Drug Facilitated Sexual Assault (DFSA):

Loss of Memory: Yes No Unknown

Loss of Consciousness: Yes No Unknown

Nausea/Vomiting: Yes No Unknown

Drug/Alcohol Use by Patient: Yes No Describe: _____

If the patient answered yes to any of the above questions, consider collecting toxicology samples. A urine specimen should be collected as evidence if DFSA is suspected. DO NOT INCLUDE URINE SPECIMEN IN THE KIT. The urine should be sealed, labeled and packaged separately and turned over to law enforcement per patient consent. Complete the "Consent To Toxicology" form and provide with the urine specimen. This form is available at www.isp.illinois.gov under the Forensics tab.

Urine Sample Obtained for Crime Lab: Offered and performed Offered and declined N/A

Underwear and Clothing Collection:

Was underwear collected: Yes No Was clothing collected: Yes No

Describe condition of underwear and/or clothing: _____



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Pertinent Medical History for Forensic Lab:

Last Menstrual Period: Date: _____ N/A
Sexual Contact within 3 Days (other than sexual assault): Yes No N/A
Female Sex Organ (Vulva) Contact: Yes No N/A
Penile Contact: Yes No N/A
Anal Contact: Yes No N/A
Oral Contact: Yes No N/A
Condom Used: Yes No N/A

General Exam:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: burns, lacerations, abrasions, redness, scratches, bruises, bites, patterned injury, fractures and stains/ foreign materials on body, swelling, and tenderness. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings. Add another page if more space is needed. Indicate if photos were taken, ALS used, patient report of how trauma occurred, etc.

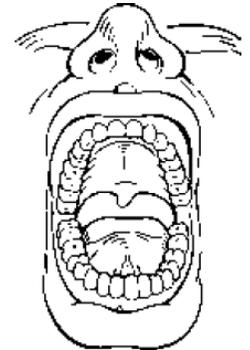
Right Left



Right



Left



Alternative light source used Yes No
Photos taken Yes No

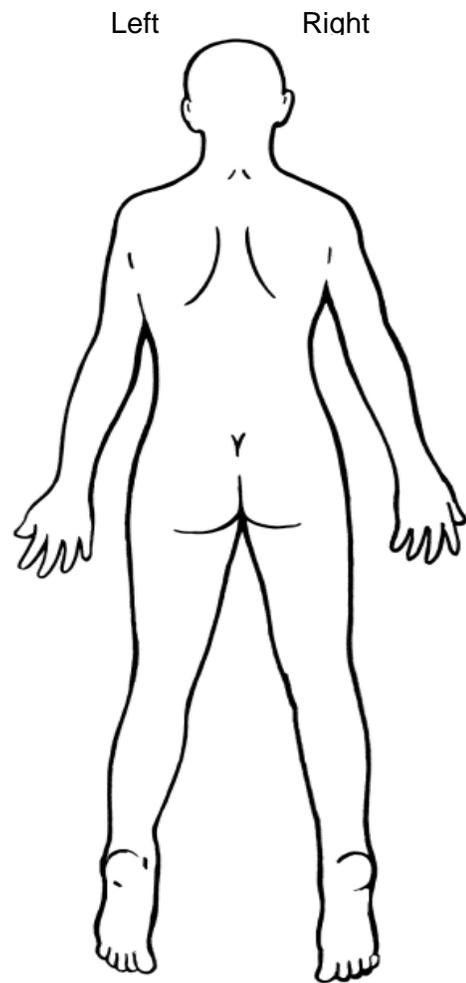
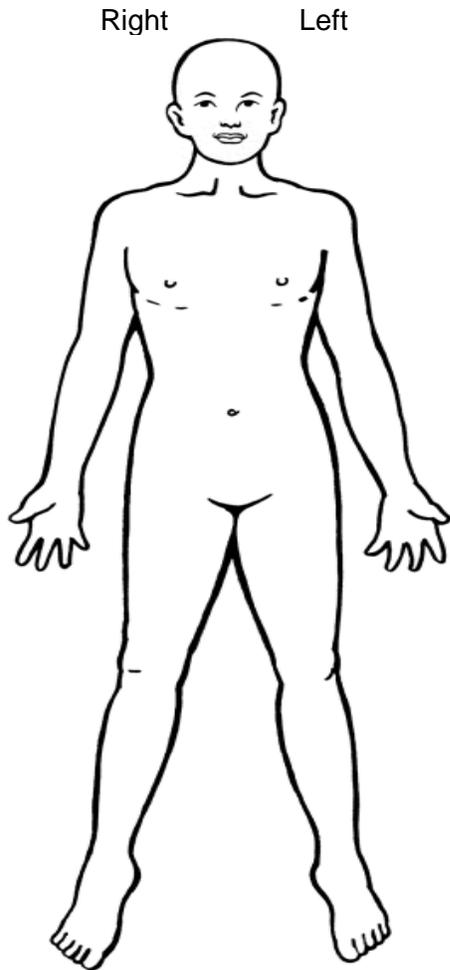
Describe: _____



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General Exam cont.:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: burns, lacerations, abrasions, redness, scratches, bruises, bites, patterned injury, fractures and stains/foreign materials on body, swelling, and tenderness. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings. Add another page if more space is needed. Indicate if photos were taken, ALS used, patient report of how trauma occurred, etc.



Alternative light source used Yes No
 Photos taken Yes No

Describe: _____



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Genital Exam:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: burns, lacerations, abrasions, redness, scratches, bruises, bites, patterned injury, stains and foreign materials, swelling, and tenderness. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings. Use hours of the clock to describe location. Add another page if more space is needed. Indicate if photos were taken, patient reports how trauma occurred, etc.

Lateral-Down Separation: Yes No N/A Describe: _____

Outward Traction: Yes No N/A Describe: _____

Toluidine Blue Dye: Yes No N/A Describe: _____

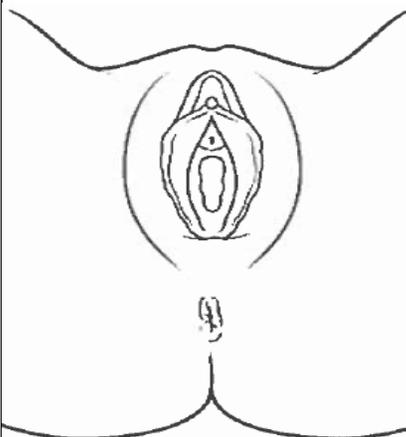
Foley Cath/Fox Swab: Yes No N/A Describe: _____

Ano-genital Photos taken Yes No

Sexual Maturation Stage/Tanner Stage: Exam Positions: Lithotomy Frog-Leg
 Supine Knee Chest Prone Knee Chest
 Stand and Lean Over Other: _____

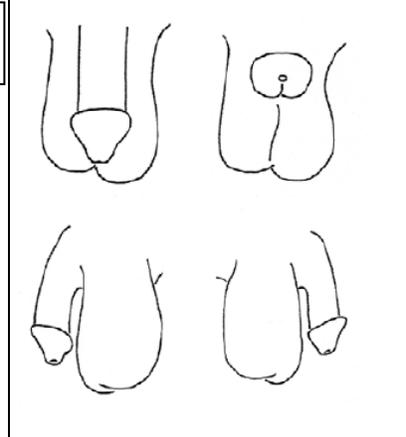
Breast 1 2 3 4 5 N/A

Pubic Hair 1 2 3 4 5



Declined exam
 N/A

Hymen Description: _____



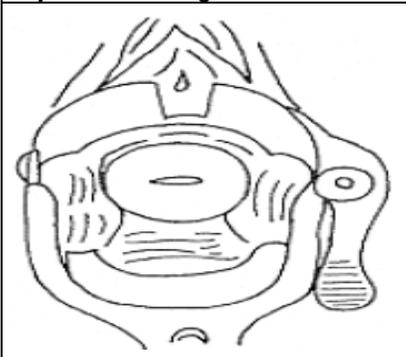
Declined exam
 N/A

Circumcised: Yes No
 Foreskin retracted: Yes No
 Testes descended: Yes No

Internal Exam:

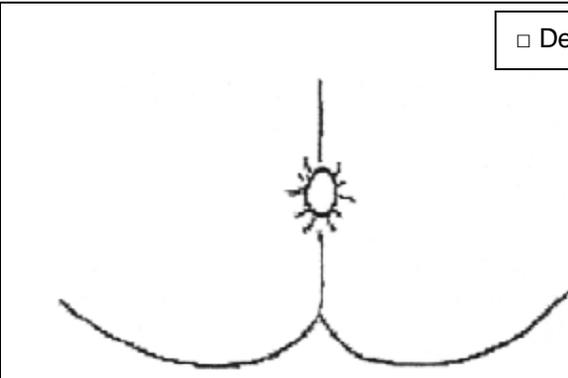
Anal Exam:

DO NOT PLACE A SPECULUM in a prepubescent female child. A minimal amount of water soluble, non-spermicidal lubricant or sterile water may be used for lubrication when speculum insertion is appropriate. Note injuries on diagram.



Declined exam
 N/A Prepubescent

Lubricant used: Yes No



Declined exam

Able to visualize anal verge: Yes No



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Photographs:

Photographic documentation of injury and/or other visible evidence can be utilized to supplement the medical forensic history and written documentation. Consider the extent of forensic photography necessary. Be considerate of patient comfort and privacy. Take photographs according to hospital policy. Photographs taken by examiners should be considered as part of the patient's medical record and not automatically turned over to law enforcement. Photographs may be taken with the written consent of patient's 13 years of age or older. If under the age of 13, the patient's parent or guardian may provide consent. If the parent or guardian is not immediately available or refuses to consent, photographs may be taken and stored for release at a later time with consent of the investigating law enforcement officer or the Department of Children and Family Services.

Any Additional Comments/Findings: Should not reflect any conclusions regarding whether an assault occurred. Document the patient's demeanor/affect, lab abnormalities, additional interventions, safety plan (DCFS, shelter, etc.).

Documentation:

If the patient is less than 18 years of age, was DCFS notified, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
If the patient is 60 years of age or older, was the Department of Aging notified, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
If the patient is between the ages of 18-59, has a disability, and is unable to self-report, was the Department of Aging notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Was "Patient Consent: Collect and Test or Collect and Hold Evidence" form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was "Consent to Toxicology" form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Were police notified? If no, indicate why: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signatures:

(Examining Health Professional Signature)	(Assisting Health Professional Signature)
(please print)	(please print)

Final Instructions:

- All information requested on sample envelopes and bag labels are completed.
 - Separate forms and follow distribution requirements on the bottom of each form.
 - If underwear and/or clothing bags and urine are collected: seal, label, and package separately from the kit. Complete *Toxicology Consent* form. **DO NOT PACKAGE URINE, UNDERWEAR OR CLOTHING INSIDE THE KIT.**
 - Return all evidence envelopes to the kit box.
 - Initial red evidence tape and secure to kit box.
 - Fill out information, as appropriate, on top of box.
 - Hand the sealed kit, sealed bags, and sealed urine sample to appropriate law enforcement agency.
- NOTE: If law enforcement is not present: place sealed kit, sealed bags, and sealed urine sample at room temperature in a secure area, maintaining chain of custody until law enforcement can collect the evidence.