



0200000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

AUTHORIZATION FOR SEXUAL ASSAULT EXAMINATION
Department of Emergency Medicine - Forensic Nurse Examiner Team

I authorize _____ RN, FNE to:

- a) perform a complete physical examination, including a pelvic examination
- b) collect appropriate specimens (i.e., vaginal secretions, blood, hairs, and other related specimens) for laboratory examination
- c) photograph any injured part of my body for evidence, collection and educational purposes
_____ (initials)
- d) initiate and administer treatment for injuries
- e) administer medications (i.e., for prevention of pregnancy, sexually transmitted infections, etc.)

Date Patient's Signature (all cases)

Date Guardian's Signature (if appropriate)

Date FNE's Signature

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND SPECIMEN PERTAINING TO SEXUAL ASSAULT**

Release: I authorize any pertinent information obtained by the SANE and/or the physician from the history and physical examination to be released to the appropriate law enforcement officials (**SART and ED record**) and, in addition, that the following specific items be so released.



Date Patient's Signature (all cases)

Date Guardian's Signature (if appropriate)

Date FNE's Signature

Name of Victim/Sticky Label

Perk #



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ACTS: (per patient)

VAGINAL CONTACT/ PENETRATION	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Penis				
Finger				
Object				

RECTAL CONTACT/ PENETRATION	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Penis				
Finger				
Object				

ORAL SEX	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Of victim by assailant				
Of assailant by victim				

MASTURBATION	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Of victim by assailant				
Of assailant by victim				

DID EJACULATION OCCUR	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Inside vagina				
Inside anus				
Other				

Name of Victim/Sticky Label	Perk #
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OTHER	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Lubricant used				
Foam/jelly				
Fondling/kissing				
Other				

SINCE THE ATTACK HAVE YOU	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Bathed/washed/wiped				
Douched				
Urinated				
Defecated				
Brushed teeth				
Vomited				
Changed clothes				
Used contraception				

DID ASSAILANT	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Attack you with a weapon				
Were you bound, gagged, blindfolded				
Use a condom				
Indicate he has HIV				
Indicate he was sterile				

Name of Victim/Sticky Label

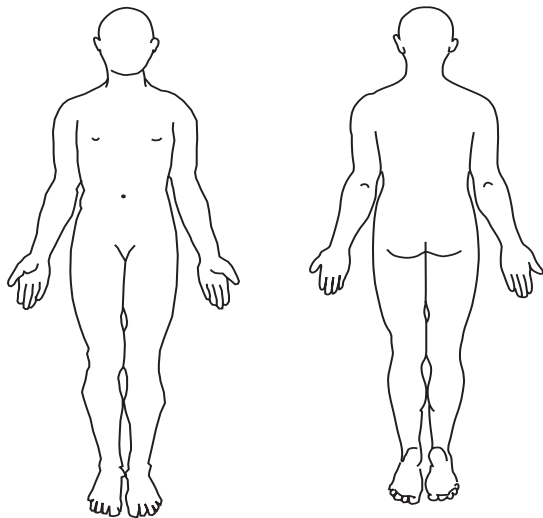
Perk #



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PHYSICAL EXAM: Documentation of non-genital injuries/trauma (bites, contusions, abrasions, ligature marks, etc.) Describe, measure, and photograph.

Diagrammatic Description:



A = ABRASION	F = FOREIGN BODY	P = PENETRATING
B = BURN	H = HEMATOMA	T = TENDERNESS
D = DEFORMITY	L = LACERATION	AV = AVULSION
E = ECCHYMOSIS	M = AMPUTATION	

Head:

Neck:

Chest:

Abdomen:

Back:

Extremities:

Woods lamp exam (areas that fluoresced):

Name of Victim/Sticky Label	Perk #
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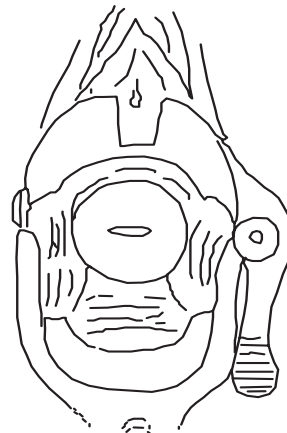
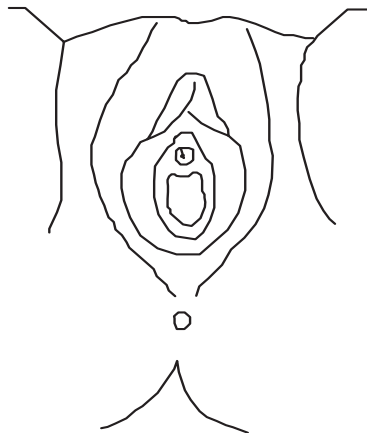
GENITALIA EXAM:

Toluidine Blue dye exam: uptake yes / no
 If yes, location: _____

Describe in detail using **TEARS (T), ECCHYMOSES (E), ABRASION (A), and REDNESS (R), SWELLING (S)**, measure and photograph.

GENITAL AREA	TEARS	ECCHYMOSES	ABRASIONS	REDNESS	SWELLING
Clitoral hood					
Labia Majora					
Labia Minora					
Posterior Fourchette					
Hymen					
Perineum					
Vagina					
Cervix					
Anus					

Foreign material found: _____



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LABORATORY EVALUATION	ORDERED/SENT	RESULTS/CONTROLS
Urine Beta HCG		
GC/Chlamydia Screen		
RPR		
UA/UC		
HIV (Blood sent, but not run)		
PERK specimens sent to Forensic Lab		
EDTA (7cc purple top)		
Urine (100cc)		
BAC tube for drug testing		

ADDITIONAL EVIDENCE COLLECTED		
TYPE	SITE	DISPOSITION
Photographs of physical injuries		
Photographs of genital injuries		

Articles of clothing (list and describe in detail, odor, and appearance):

ARTICLE OF CLOTHING	GENERAL APPEARANCE	ODOR	DISPOSITION

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TREATMENT/PLAN:

___ Diphtheria/Tetanus 0.5 cc IM x 1
Site _____

STI Prophylaxis

___ Ceftriaxone 125mg IM
___ Azithromycin 1gm PO

HIV Post-Exposure Prophylaxis

___ HIV consent signed
___ HIV, LFT's, chemistry sent
___ Meds filled x 5 days

Pregnancy Prophylaxis

Order in MIS:

___ Plan B 1 tab PO now
___ Plan B 1 tab PO in 12h

Signature of Examiner: _____

Print: _____

Date: _____ Time: _____

Resident: (if applicable): _____

Attending: _____

COPY OF DOCUMENTATION SENT TO:

___ FNE file
___ Law Enforcement Agency

PERK given to:

Officer/Badge #: _____ @ _____ am/pm

Agency: _____