

Complainants Name:

Date:



PRO FORMA FOR POST-PUBERTAL FEMALE AND MALE FORENSIC SEXUAL ASSAULT EXAMINATION

Note: This form has been designed for use by Forensic Physicians (also known as Forensic Medical Examiners or Sexual Offence Examiners). It is provided to assist the examining doctor in the assessment of an adult complainant of sexual assault. It is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the proforma to be completed. On completion this form is the personal property of the examining doctor. **This form should not be used for the examination of suspects (use Fitness for Detention Pro forma).**

1. EXAMINATION DETAILS

Location:.....Date of examination:.....

Time of arrival:.....Time examination commenced:.....

2. DOCTOR DETAILS

Name of forensic physician:.....

Other doctors (if present):.....

3. POLICE DETAILS

Name & no. of attending police officer:.....

Name of investigating officer:.....

4. OTHERS PRESENT

Social worker/care worker:.....Base:.....

Others (relationship to examinee):.....

5. PATIENT DETAILS

Name:.....

Date of birth:.....Age:.....Gender: Female/Male

Ethnicity:.....Religion:.....

Marital status:.....Lives with:.....

Occupation:.....

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6. CONSENT TO HISTORY, EXAMINATION AND REPORT

I consent to a forensic examination, as explained to me by Dr.....

I understand that the forensic examination will include (delete if not applicable):

- a) Full medical history and complete examination;
- b) Collection of forensic and/or medical specimens;
- c) Taking of notes, photographs/videos/digital images for record and evidential purposes;
- d) Consent for the use of anonymised photographs/videos/digital images for further opinions, peer review and teaching;
- e) I understand and agree that the doctor(s) may provide a statement/report for the police, social services, paediatric services and the patient’s GP (delete any not acceptable);
- f) I understand and agree that a copy of the medical notes may be given to professionals involved in the case (e.g. police or lawyers) and may be used in a court;
- g) I understand and agree that the doctor(s) may share the medical notes and/or photographs with other medical experts involved in the case. I have been told that any sensitive photographs, videos and/or digital images will be stored securely and only be made available to other non-medical persons on the order of a judge.

I have been advised that I may halt the examination at any time.

Signed.....Date.....
(young person may sign if Gillick competent)

If verbal consent Signature & Name of Witness.....

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7. REASON FOR REFERRAL

Briefing taken from:.....Contact details:.....

Names of persons present during briefing:.....

Location of assault(s):.....

History of events (continue overleaf if necessary):.....

.....
.....
.....
.....
.....

Penis to mouth? YES/NO

Mouth to genitalia? YES/NO

Penis to anus? YES/NO

Penis to vulva/ vagina? YES/NO: (details).....

Ejaculation? YES/NO: (details, including sites).....

Object to vulva/vagina/anus? YES/NO: (details).....

Kissing/licking/biting/sucking/spitting? YES/NO: (details, including sites).....

Injuries? (details).....

.....
.....

Ano-genital bleeding? YES/NO: (details).....

Weapon used? YES/NO: (details).....

Damage to clothing? YES/NO: (details).....

Last contact with alleged assailants(s):.....

Confirmation/additions from patient (verbatim & recorded contemporaneously):

.....
.....
.....

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8. DRUG AND ALCOHOL USE IN RELATION TO ASSAULT

Was alcohol consumed? No Yes Not Known

If yes please specify: Prior During After Offence

Start of drinking:.....End of drinking:.....

Quantity and type of beverage consumed:.....

.....
.....

Have any illicit drugs been used/administered to the subject within 4 days of the examination?

No Yes Not Known

If yes please specify: Prior During After Offence

Give details:.....

.....
.....

Are any other substances suspected of having been used/administered that could be relevant to the offence?

No Yes Not Known

If yes please specify: Prior During After Offence

Give details:.....

.....
.....

If applicable - drugs/alcohol history:.....

.....
.....

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9. POST ASSAULT - Ask If Relevant

Eaten: YES/NO

Drank: YES/NO

Passed urine: YES/NO (*note time*)

Bowels open: YES/NO

Wiped/washed: YES/NO (*specify site and disposal of e.g. cloth/tissue*)

Changed clothes: YES/NO (*specify*)

Self harm: YES/NO (*sites*)

Complaints of pain/soreness/bleeding post assault: YES/NO

Details:.....

Brushed teeth/gums/dentures (*circle*):

Mouth wash/spray used (*circle*):

Washed/bathed/showered/douched (*circle*):

Changed tampon/pad/sponge/diaphragm (*circle*):

Forensic samples taken before examination started:

Details:.....

By whom taken:.....

10. MEDICAL HISTORY

Past medical/surgical history/hospital admissions/visits to A&E &/or GP:

.....
.....
.....

Major psychiatric diagnoses:.....

Learning difficulties:.....

Suicidal:.....

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11. DIRECT QUESTIONS – Only Ask If Applicable To Incident

Females – current contraception?.....

PROVIDE EMERGENCY CONTRACEPTION IF REQUIRED

Allergies?.....

	Since Assault(s)	Prior To Assault	Details:
Urinary tract infection:			
Vaginal discharge:			
Diarrhoea:			
Constipation:			
Genital/anal injury:			
Anal bleeding/itching:			
Genital/anal surgery:			
Vaginal bleeding:			
Faecal incontinence:			
Urinary incontinence:			
Skin diseases:			
Soreness in genital area:			
Abdominal pain:			
MENSTRUAL HISTORY: applicable/not applicable			
Age at onset:			LMP:
Frequency:			Sanitary towels/tampons:
Duration:			Pregnancies:
Regularity:			?Any children:
			?Mode of delivery:
Prescribed medication?			
Any other medication?			

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12. SEXUAL HISTORY (Note Who Was Present When Taken)

SI prior to assault in last 10 days: YES/NO If yes, note date:.....

If yes, was condom used: YES/NO/NK

If yes, was lubricant used (*note type*): YES/NO/NK

SI post assault: YES/NO

If relevant clarify types of intercourse in last 10 days only:

.....
.....
.....

13. GENERAL EXAMINATION

Name(s) of persons present:.....

Weight (kgs):	Height (cm):

General appearance (hygiene):.....

Skin colour:.....

Hair colour:.....

Demeanour/behaviour:.....

Pre-existing physical problems (*note type*):.....

.....
.....
.....
.....

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Head to Toe Survey inc. measurements, colour, shape, site, type of injury etc.

Use AFP body diagrams when appropriate - document negative findings

	Examined	Injuries	See Body Chart
Scalp/hair:	Y/N	Y/N	
Face:	Y/N	Y/N	
Eyes:	Y/N	Y/N	
Ears:	Y/N	Y/N	
Lips:	Y/N	Y/N	
Inside mouth/palate:	Y/N	Y/N	
Teeth:	Y/N	Y/N	
Neck:	Y/N	Y/N	
Back:	Y/N	Y/ N	
Buttocks:	Y/N	Y/N	
Arms: R	Y/N	Y/N	
L	Y/N	Y/N	
Hands/wrists: R	Y/N	Y/N	
L	Y/N	Y/N	
Fingers/nails: R	Y/N	Y/N	note if cut/broken/false
L	Y/N	Y/N	
Front of chest:	Y/N	Y/N	
Breasts:	Y/N	Y/N	
Abdomen:	Y/N	Y/N	
Legs: R	Y/N	Y/N	
L	Y/N	Y/N	
Feet/ankles/soles: R	Y/N	Y/N	
L	Y/N	Y/N	
Additional details: e.g. jewellery, injection sites, self harm			

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14. SYSTEMS EXAMINATION (If Relevant)

CVS

Pulse rate/character:.....BP:.....

Heart sounds:.....

Other findings:.....

RS

Trachea/air entry/percussion note etc:.....

Breath sounds:.....PEFR (if indicated):.....

Abdomen

L.K.K.S:.....

Tenderness/masses:.....

Bowel sounds:.....

Diagram (if indicated):

CNS

Pupil size and reactions:.....

Eye movement/nystagmus:.....

Conjunctiva:.....

Conscious level:.....

Balance/co-ordination:.....

Reflexes:.....

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Details of male genital findings

Thighs:

Pubic area:

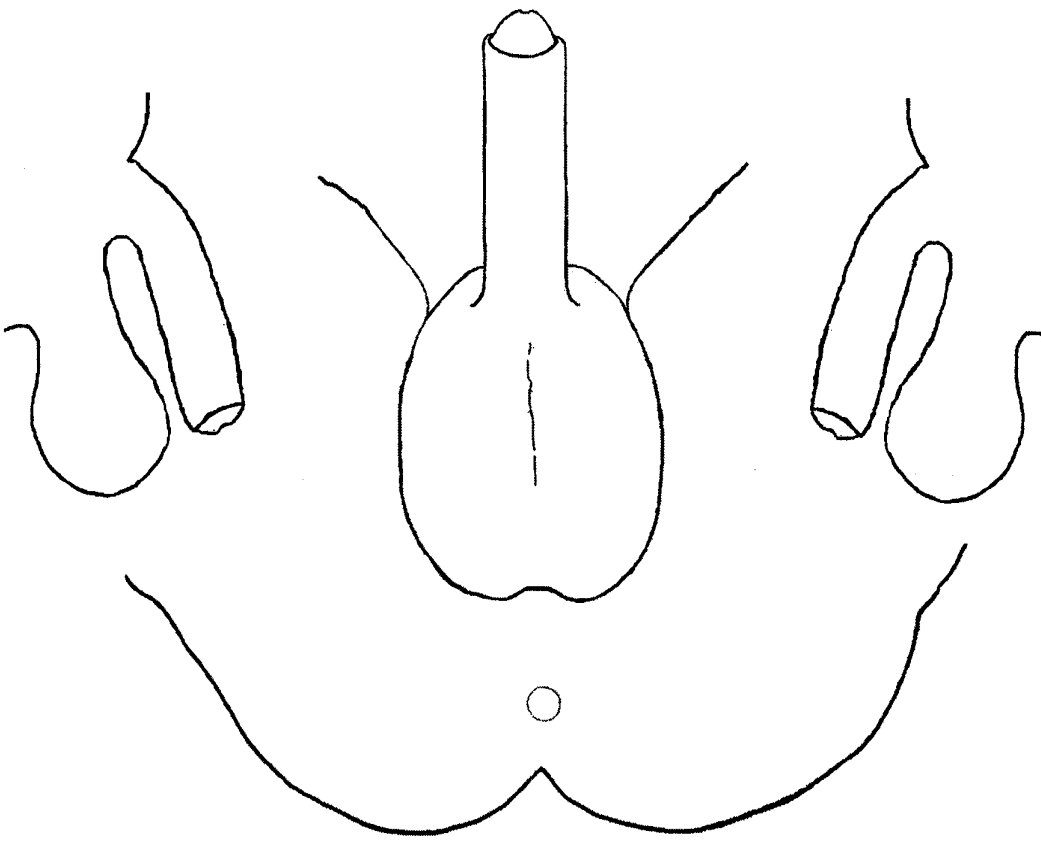
Pubic hair:

Scrotum:

Testes:

Penis:

Foreskin:



Details of anal findings

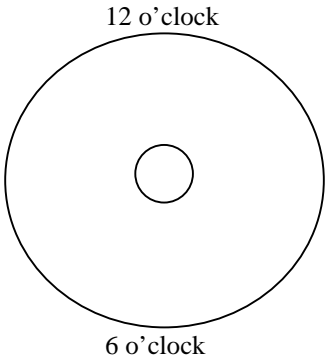
Natal fold:

Perianal/anal margin:

Internal findings:

Proctoscope if used : size and type:

Sterile water used: YES/NO Lubricant used: YES/NO type:



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16. FORENSIC SAMPLES (If Scenesafe Form Or Similar Not Used)

Identification Number	Description of Sample	Moistened Yes/No	Time Taken

To whom handed:.....

Date and time samples handed over:.....

17. MEDICAL SAMPLES

List any samples obtained:

.....
.....
.....

18. PHOTOGRAPHS

List any photographs/videos obtained:

.....
.....
.....

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19. AFTER CARE

	YES	NO	DETAILS
Emergency contraception given/referral for IUD If not given please explain why not (forensic physicians must have access to Levonelle®)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antibiotics given (NB if patient on COC advise extra precautions for duration of antibiotics and 7 days after)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other medication given e.g. Hepatitis B, PEP starter pack	<input type="checkbox"/>	<input type="checkbox"/>	_____
GUM referral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Permission to telephone/write to GP?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Referral to GP?	<input type="checkbox"/>	<input type="checkbox"/>	_____ GP details
Referral to other support services?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Post sexual assault leaflet given?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Advice given to patient &/carer	<input type="checkbox"/>	<input type="checkbox"/>	_____

.....

Time examination concluded:.....

Time notes concluded:.....

Conclusions/advice given to police/social care services:

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