Faculty of Forensic and Legal Medicine

Pro Forma

Examination of adult complainant of domestic violence

Confidential

Note: This form has been designed by Dr Jeanne Herring and updated by Dr Alyson Jones on behalf of the Academic Committee of the Faculty of Forensic and Legal Medicine for use by Forensic Physicians. It is provided to assist the examining doctor in the assessment of an adult complainant of domestic violence. It is to be regarded as an aide-memoire and it is therefore NOT necessary for all parts of the pro forma to be completed. On completion, this form is the personal property of the examining doctor.

Complainant's name **Date**

1. Examination details

Venue _____

Date of examination _____

Time of arrival _____

Time examination commenced _____

2. Doctor details

Name of FP _____

GP details _____

_____

_____ Consent to write YES ☐ NO ☐

3. Police details

Name of investigating officer _____

Collar Number _____ Station _____

4. Others present

Name and relationship to complainant _____

_____

5. Complainant details

Name _____

Date of birth_____ Gender FEMALE ☐ MALE ☐

Ethnicity _____

Marital status SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐

Lives with _____

Dependents other than children _____

Number of children and their ages _____

_____

Occupation _____

6. Consent to examination and report

I _____ consent to a medical examination as explained to me by Dr _____ to include:

a. Full medical examination from top to toe
b. Collection of forensic specimens/clothing
c. Taking photographs for record and evidential purposes
d. Consent for the use of anonymised data from this pro forma to be used for medical research

I understand that Dr _____ may have to produce a report based on the examination and that details of the examination may have to be revealed in court.

I have been advised that I may strike out any of the above before I sign and halt the examination at any time.

I understand that the information recorded on this form and any photographs taken may be later required by the court.

I am aware that due to the Children's Act (2003) professionals have a duty of care to share information with other agencies for the safeguarding of children.

Signed _____ Dated _____

7. History of assault from police

Briefing from officer *(note name and contact details)* _____

_____

_____

_____

_____

_____

_____

_____

_____

Full witness statement been made to police YES ☐ NO ☐

Viewed by FP YES ☐ NO ☐

8. History from the complainant

Details of alleged assault *(avoid leading questions)* _____

_____

_____

_____

_____

_____

_____

Are you hurt anywhere? _____

_____

And how did that happen? _____

_____

_____

Did you have any injuries before this incident? _____

_____

_____

Has there been any sexual assault? *(record positive response verbatim)*

MOUTH ☐ VAGINA ☐ ANUS ☐ _____

_____

_____

_____

_____

If sexual assault alleged, advise need to move to sexual assault centre and change pro forma

Any weapon used? YES ☐ NO ☐

(details) _____

_____

Damage to clothing? YES ☐ NO ☐

(details) _____

_____

Did the alleged assailant sustain any injuries?

YES ☐ NO ☐ UNKNOWN ☐

(details) _____

_____

Had you used drugs or alcohol within 24 hours of the alleged assault? (*details)* _____

_____

_____

Had the assailant used drugs or alcohol within 24 hours of the alleged assault? (*details)* _____

_____

_____

Were any children present during the alleged assault? (*details)* _____

_____

_____

Have you visited any other doctors or hospitals with injuries relating to previous alleged domestic violence from the same alleged assailant? *(details)* _____

_____

_____

_____

_____

_____

9. Medical history

Past medical /surgical history / hospital visits/ fractures / severe injuries? _____

_____

_____

_____

_____

_____

_____

_____

Do you take medication regularly? *(details)* _____

_____

_____

_____

Mental health problems

Have you attended a doctor for mental health problems? *(details)* ___

Any symptoms of depressed mood? *(eg anhedonia, anergia, sleep disturbance)* _____

Any symptoms of acute of chronic anxiety? *(eg panic attacks)* _____

History of suicide attempts/thoughts/DSH _____

Learning difficulties or other vulnerabilities _____

10. Examination

Name(s) of person(s) present _____

Height _____ Weight _____ Skin colour _____ Hair colour _____

Demeanour _____ Disability *(note type)* _____

Head to Toe Survey

Detail below and record on body diagrams. Include measurements, colour, shape, site and forensic type of injury, etc.
Document negative findings and record injuries on body diagrams.

Scalp/hair	Fingers & nails R / L (note if cut/broken/false/bitten)
Face	Front of chest
Eyes Ears	Breasts
Lips Inside mouth/palate/teeth	Abdomen
Neck	Legs R / L Feet/ankles/soles R / L
Back Buttocks	Additional details, eg jewellery injuries, items lost at scene, self harm marks
Arms R / L Hands/wrists R / L	

11. Systems Examination *(if relevant)*

CVS

Pulse rate/character _____ BP _____

Heart Sounds _____

Other findings _____

RS

Trachea/air entry/PN etc _____

Breath Sounds _____

PE FR *(if indicated)* _____

Abdomen

LKKS _____

Tenderness/Masses _____

Bowel sounds _____

CNS

Pupil size and reactions _____

Eye movement/nystagmus _____

Conjunctivae _____

Balance/Coordination _____

Reflexes _____

12. After care

After care given _____ YES ☐ NO ☐

(details) _____

Antibiotics given _____ YES ☐ NO ☐

(details) _____

Analgesia/anti-inflammatory given _____ YES ☐ NO ☐

(details) _____

Other medication given _____ YES ☐ NO ☐

(details) _____

Referral for Hep B immunisation _____ YES ☐ NO ☐

(details) _____

Referral to hospital _____ YES ☐ NO ☐

(details) _____

Referral to GP _____ YES ☐ NO ☐

(details) _____

Referral to Dentist _____ YES ☐ NO ☐

(details) _____

Referral to other support services _____ YES ☐ NO ☐

(details) _____

Post-assault leaflet given _____ YES ☐ NO ☐

(details) _____

Advice given to complainant _____ YES ☐ NO ☐

(details) _____

_____

Time examination concluded _____

Time notes concluded _____

Dated and signed by FP

_____

CONCLUSIONS/ADVICE GIVEN TO POLICE:

_____

_____

_____

_____

_____

_____

_____

_____

_____