



Faculty of Forensic and Legal Medicine

Pro Forma

Pro forma for paediatric forensic examination

Note: This form has been designed for use by Forensic Physicians or Sexual Offence Examiner. It is provided to assist the examining doctor in the assessment of a child or young person who may have been sexually abused. 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. **This form should not be used for the examination of suspects (use Fitness for Detention Pro forma).**

1. Initial Call

The initial call to attend a child/young person frequently comes from an individual with little information regarding the nature and timing of the allegation. Because such information will inform the decision regarding the venue and timing of the examination the FP should endeavour to speak directly with the sexual offence trained officer (SOTO) who is with the child/young person.

Date of initial call _____ Time of initial call _____

Name of referrer _____

Contact telephone number of referrer _____

Name of professional (eg SW/SOTO/CPIU Officer) who will be attending with the child/young person _____

Contact telephone number of attending professional _____

Name of child/young person _____

Age of child/young person _____

The FP should consider if she/he has all the necessary skills¹ to examine the child/young person, or if there is a need to involve a second doctor. Children should be examined in a child friendly environment.

Does the child/young person have any serious injuries or other acute medical problems? _____

The FP should ensure that the venue proposed for the examination is appropriate. It may be necessary to arrange for the child/young person to be transferred, via an ambulance, to the nearest A&E department if she/he appears to have serious injuries or an altered level of consciousness. The FP should be willing to attend a hospital if required to.

When did the incident take place? _____

A decision with regard to the timing of the examination should be made after consideration of the persistence data regarding forensic evidence (see FFLM 'Guidelines for the collection of forensic specimens from complainants and suspects') and the medical needs of the child/young person (eg HIV Post Exposure Prophylaxis, emergency contraception).

What is the nature of the sexual assault? _____

If there is any suggestion that penis-mouth penetration (fellatio) may have taken place, or the nature of the sexual assault is not known, the referrer should be reminded to obtain urgently the oral samples i.e. two mouth swabs and mouth washings (see FFLM 'Guidelines for the collection of forensic specimens from complainants and suspects'). Some police officers and civilian staff have access to an 'Early Evidence Kit' to sample a child/young person's mouth.

Is there any suggestion that drugs or alcohol have been used to facilitate the sexual assault? _____

In all cases, presenting within 3 days of the allegation the referrer should be reminded to access urgently a Urine Module/Early Evidence Kit¹ and request a urine sample from the child/young person. The time of the last urination (prior to the one yielding the sample) and the time that the sample was produced should be noted. Consideration should also be given to whether the child/young person has capacity to consent to the examination.

Who holds parental responsibility for the child/young person? _____

Is that person aware of the referral and willing to give consent to the paediatric forensic examination? _____

Does the child/young person/carer have any difficulty understanding English? _____

If yes, consideration should be given to arranging an interpreter.

Agreed venue and time for examination _____

¹ FFLM & RCPCH "Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse", Dec 2008

Name of child/young person _____

Date _____

2. Examination Details

Location _____ Date of examination _____

Time of arrival _____ Time introduced to child/young person _____

Referred by self/ police/ social services / other (delete/annotate as applicable) _____

3. Doctor Details

Name of FP _____

Other doctors (if present) _____

4. Police Details

Force Wide Incident Number (FWIN)/PNN _____

Name and contact details of attending police officer _____

Name and contact details of investigating officer _____

5. Social Services

Name and contact details of attending social worker _____

Name and contact details of allocated social worker _____

6. Others Present

Family / Friends _____

Others (relationship to examinee) _____

Name of child/young person

Date

7. Patient Details

Name _____

Address _____

Date of Birth _____ Age _____

Gender **FEMALE / MALE** Ethnicity _____

Self-referral case number (if applicable) _____

Current carer (if applicable) _____

Family composition**Adults**

	Surname	First names	DOB	Relation to child(ren) eg father of examinee and child 3
1				
2				
3				
4				

Children

	Surname	First names	DOB	Relation to child(ren) eg brother of examinee
1				
2				
3				
4				
5				
6				

Lives with _____

Shares bedroom with _____

School/nursery _____

Address _____

Child has a Child Protection Plan? Yes ☐ No ☐Court Orders? (PPO/EPO/ICO/CO) Yes ☐ No ☐

If applicable, has the Court granted leave for this examination?

Yes ☐ No ☐

Safeguarding Children Register checked by _____

Category Neglect ☐Physical Injury ☐Sexual abuse ☐Emotional abuse ☐

Name of child/young person

Date

8. Reason for Referral

Briefing taken from: _____

Contact details _____

Names of persons present during briefing: _____

Have the police conducted an ABE interview with the child/young person? Not known ☐ Yes ☐ No ☐

Location of assault(s): _____

Brief history of assault (see overleaf for specific information) _____

Any identified special needs/ mental health problems _____

Number of assailants _____

Prior knowledge of assailant(s) (details) _____

Last contact with alleged assailant(s) _____

Name of child/young person

Date

Asked to direct forensic sampling and determine risk of STIs and pregnancy (see Medical Aftercare)

			Confirmation/additions from child/young person and/or parent/carer, if relevant (verbatim & recorded contemporaneously)
Kissing/licking/biting/sucking/spitting?	NOT KNOWN / NO / YES	(details, including sites)	
Mouth to genitalia/anus?	NOT KNOWN / NO / YES	(details)	
Digit to vulva/vagina/anus?	NOT KNOWN / NO / YES	(details)	
Penis into vulva/vagina?	NOT KNOWN / NO / YES	(details)	
Penis into mouth?	NOT KNOWN / NO / YES	(details)	
Penis into anus?	NOT KNOWN / NO / YES	(details)	
Ejaculation?	NOT KNOWN / NO / YES	(details, including sites)	
Object to vulva/vagina/anus?	NOT KNOWN / NO / YES	(details)	
Other sexual/physical act(s)	NOT KNOWN / NO / YES	(details)	
Injuries?	NO / YES	(details)	
Ano-genital bleeding?	NO / YES	(details)	
Weapon used?	NOT KNOWN / NO / YES	(details)	
Damage to clothing?	NO / YES	(details)	

Name of child/young person

Date

Forensic samples taken before examination started (details) _____

By whom taken _____

9. Consent to History, Examination and Report

Name and address of person with parental responsibility (PR)

Name _____

Address _____

I, _____ consent to a forensic examination, as explained to
Name of child/young person and/or person with PR

me by _____, being conducted on _____
Name of child/young person

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

- a) A full medical **history** and complete **examination**;
- b) Collection of forensic and/or medical **specimens**;
- c) Taking of **notes, photographs/videos/digital images** for recording and evidential purposes (including second opinions from medical experts and peer review). 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;
- d) I understand and agree that the doctor/nurse may provide a **statement/report** for the police, social services, paediatric services and the patient's GP;
- e) I understand and agree that a **copy of the medical notes** may be given to professionals involved in the case (eg police or lawyers) and may be used in a court;
- f) I agree to the use of anonymised photographs/videos/digital images/medical notes for **teaching**;
- g) I agree to the use of my anonymised photographs/videos/digital images/medical notes for **audit and research**;
- h) I have been advised that I may halt the examination at any time.

Signed _____

Name of child/young person (if applicable)

Date _____

Signed _____

Name of person with PR

Date _____

Name of child/young person _____

Date _____

10. Medical History

General health _____

Pre-existing skin problems eg eczema, lichen sclerosis _____

Pre-existing genitourinary/bowel problems (if relevant) _____

Previous illnesses _____

Operations/hospital admissions/visits to A&E _____

11. Birth History

Pregnancy _____

Neonatal unit Yes ☐ No ☐

Gestation _____

If YES please specify _____

Birth _____

12. Immunisations**13. Development**Motor milestones Normal ☐ Delayed ☐

Toilet training _____

Speech Normal ☐ Delayed ☐

Special needs (please specify) _____

School progress _____

14. Behaviour

Detail any behaviour problems _____

Detail any school problems _____

15. Bathing habits

Baths/showers _____ Bubble bath/disinfectant in bath _____

Name of child/young person

Date

16. Menstrual/Obstetric History

<p>Periods (eg frequency/regularity/ LMP)</p> <p>_____</p> <p>_____</p> <p>Use of tampons Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Ever used or tried Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Pre-existing menstrual problems eg IMB and PCB</p> <p>_____</p> <p>_____</p>	<p>Any children _____</p> <p>Mode of delivery _____</p> <p>Episiotomy? _____</p>
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17. Medications and Allergies

<p>Prescribed medication</p> <p><i>eg contraception (detail compliance), HRT</i></p>	
<p>Other medication/remedies</p>	
<p>Allergies</p>	

18. Details of Assailant(s)

Asked to determine risk of STIs (see Medical Aftercare)

Confirmation / additions from child/young person (verbatim & recorded contemporaneously)

Name of child/young person

Date

19. Post Assault *ask if relevant*

Eaten	NOT KNOWN/ NO / YES
Drank	NOT KNOWN/ NO / YES
Passed urine	NOT KNOWN/ NO / YES <i>(note time)</i>
Bowels open	NOT KNOWN/ NO / YES
Wiped/ washed	NOT KNOWN/ NO / YES <i>(specify site and disposal of eg cloth/tissue)</i>
Changed clothes	<i>(specify)</i>
Self harm	<i>(sites)</i>
Circle:	Brushed: teeth / gums / dentures
	Mouth wash / spray used
	Washed / bathed / showered / douched
	Changed tampon / pad / sponge / diaphragm

Name of child/young person

Date

20. Direct Questions *ask if relevant*

	Since assault	Details	If yes, note if previously experienced the problem described
Abdominal pain			
Urinary symptoms <i>eg dysuria, frequency, haematuria, incontinence, UTI</i>			
Genital symptoms <i>eg soreness, discharge, bleeding, dyspareunia, pruritis, injuries</i>			
Bowel symptoms <i>eg soreness, pain on defaecation, discharge, bleeding, change in bowel habit, incontinence, pruritis, injuries</i>			

Name of child/young person

Date

21. Sexual History

(note who was present when taken) Asked to assist with interpretation of forensic evidence and medical aftercare – for the latter the time frame may need to be extended to 'since last normal menstrual period'

Dates and times of other relevant sexual activity within the previous 10 days _____

Items used in previous intercourse

Condom NOT KNOWN / NO / YES

Spermicide NOT KNOWN / NO / YES

Lubricant NOT KNOWN / NO / YES

Other (specify) _____

If relevant, clarify types of intercourse _____

22. Drug and Alcohol Use In Relation To Assault

Was alcohol consumed? NOT KNOWN / NO / YES

If yes, please specify Prior / During / After Offence

Start of drinking _____ **End of drinking** _____

Quantity and type of beverage consumed _____

Time last ate _____

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

NOT KNOWN / NO / YES

If yes, please specify Prior / During / After Offence

Give details _____

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

If yes, please specify Prior / During / After Offence

Give details _____

If applicable – drugs/alcohol history _____

Name of child/young person

Date

23. General Examination

Name(s) of persons present _____

Height _____ centile

Weight _____ centile

Head circumference _____ centile

General appearance (cleanliness, infestation etc) _____

Skin (colour, gooseflesh etc) _____

Hair (record hair style, last wash and if and approximate time of any added hair dye) _____

Demeanour/behaviour/interaction with carer _____

Speech (e.g content, form) _____

Pre-existing physical problems (note type) _____

Name of child/young person

Date

	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: (Note any foetor)	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	Note if R or L handed
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	Tanner stage 1 / 2 / 3 / 4 / 5
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 <i>eg jewellery, injection sites, self harm</i>			

Name of child/young person _____

Date _____

24. Systems Examination

CVS	Pulse rate / character _____ BP _____ Heart sounds _____ Other findings _____ _____ _____
RS	Trachea / Air entry / PN etc _____ Breath sounds _____ PEFR (if indicated) _____
Abdomen	L.K.K.S _____ Tenderness / Masses _____ Bowel sounds _____
CNS	Pupil size and reactions _____ Eye movement / nystagmus _____ Conjunctivae _____ Conscious level _____ Balance / Coordination _____ Reflexes _____ Tremor _____

Name of child/young person

Date

25. Genital and Anal Examination *tick as indicated*

☐ Extra lighting

☐ Colposcope

☐ Additional magnification

Position used

Knee-chest YES/NO

Separation YES/NO

Left lateral YES/NO

Traction YES/NO

Supine YES/NO

Details of female genital findings

Thighs

Mons pubis

Pubic hair (*tanner stage 1 / 2 / 3 / 4 / 5 and description , eg shaved, cut*)

Labia majora

Labia minora

Clitoris

Fourchette

Fossa Navicularis

Vestibule

Hymen (diagram when indicated)

Internal findings (if applicable)

Vaginal wall

Cervix

Speculum used: YES / NO

Size and type :

Foley catheter used: YES / NO

- Amount of air in balloon

- Diameter of inflated balloon

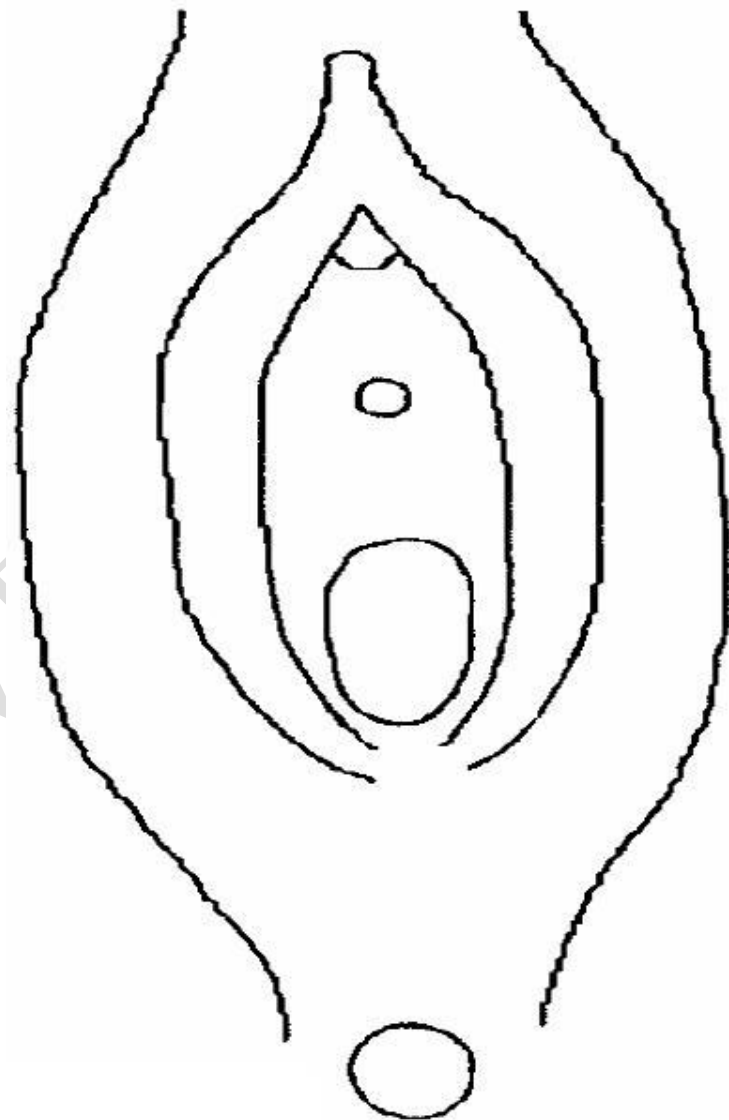
Sterile water used : YES / NO

Batch Number _____

Expiry Date _____

Lubricant used: YES / NO

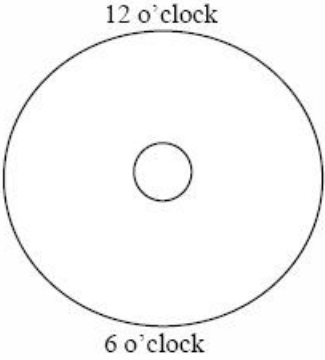
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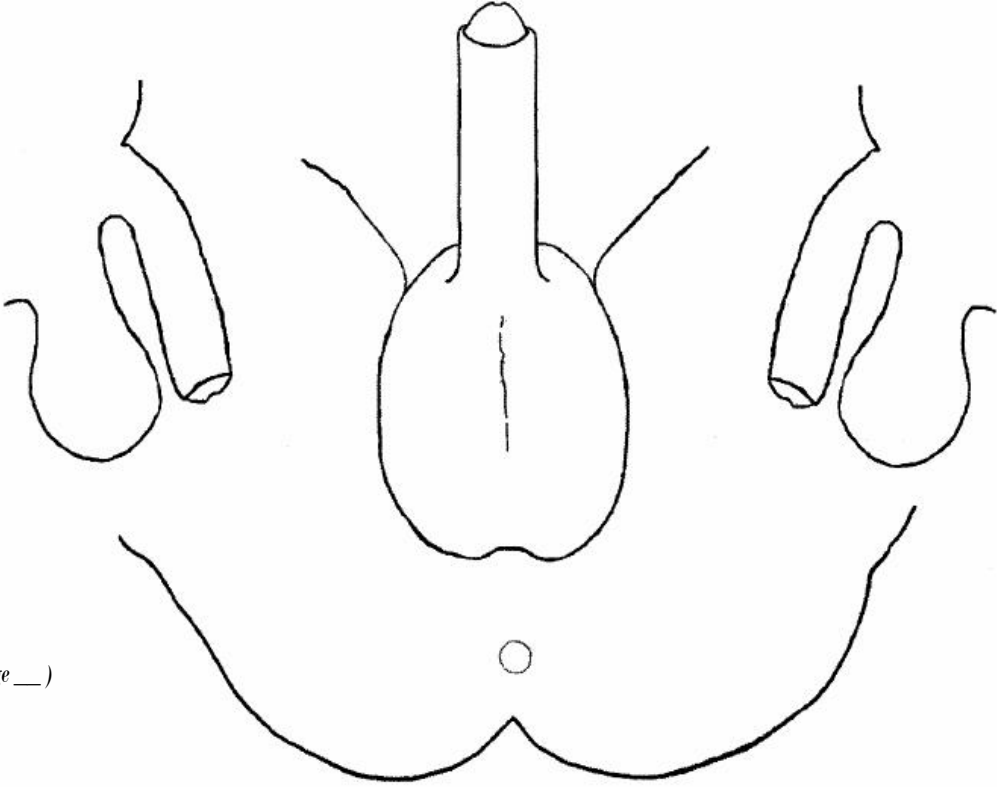
Name of child/young person

Date

Details of Anal findings

<p>Natal fold</p> <p>Perianal / Anal margin</p> <p>Internal findings</p> <p>Proctoscope used: YES / NO</p> <p>Size and type:</p> <p>Sterile water used : YES / NO Batch Number _____ Expiry Date _____</p> <p>Lubricant used: YES / NO Type: _____</p>	
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Details of Male Genital Findings

<p>Thighs</p> <p>Pubic Area (Tanner stage ____)</p> <p>Pubic Hair</p> <p>Scrotum</p> <p>Testes (Tanner stage ____, no. palpable 1 / 2)</p> <p>Penis</p> <p>Foreskin (circumcised YES / NO)</p>	
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Name of child/young person

Date

26. Forensic Samples *do not complete if FME forms are used*

[illegible]

To whom handed _____

Date and Time samples handed over _____

Name of child/young person

Date _____

27. Medical Samples

List any samples obtained and record where samples are sent _____

[illegible]

28. Photographs

List any photographs/videos/DVDs obtained and where stored

Invited Journal

29. Conclusions / Advice Given to Police

This image shows a blank sheet of white paper with horizontal blue ruling lines. A large, light gray watermark with the letters "AK" is positioned diagonally in the upper-left area. The paper has a clean, unlined right edge and no visible text or markings other than the watermark and ruling.

Name of child/young person _____

Date _____

Confidential Medical Aftercare *can be detached***A. RISK OF SEXUALLY TRANSMITTED INFECTIONS**

The child/young person's risk of contracting a sexually transmitted infection should be considered in every case. Local policy will determine what medication is available on site and what will be provided by other agencies. The following sections should be completed to demonstrate discussion and referral/treatment.

Detail of exposure:

Date / time of assault _____ Time interval to examination _____

Type of exposure: Anal receptive / vaginal receptive / oral receptive / splash semen to eye
Other _____

Ejaculation occurred? NOT KNOWN / NO / YES

Condom used throughout? NOT KNOWN / NO / YES

Aggravating factors eg injuries in contact with assailant's blood or semen Yes / No

Assailant details:

Sexuality Not known / heterosexual / MSM /

IVDU Not known / No / Yes

UK-born Not known but probably / No / Yes

Foreign born / lived Not known but probably / No / Yes

Country _____ High risk / Low risk

HIV status Not known / Negative / Positive

Ai. HIV PEP

According to SARC flowcharts/local policy HIV PEP is:

Not appropriate / to be considered / recommended

Is child/young person;

<16 years old / pregnant / breast feeding / suffering serious medical condition? Yes / No

(If yes to any of these discuss with GU on call and document outcome) _____

Where PEP to be considered or recommended, either refer urgently to appropriate agency or follow local treatment guidelines

Name of child/young person _____

Date _____

If treatment to be given on site *discuss with child/young person:*

Rationale / Potential side effects / regime / importance of compliance & follow up. Yes / No

Starter pack given Yes / Declined _____

Batch no _____ Exp Date _____

Time of first dose PEP *(if given on site)* **or referral to GUM/A&E for PEP** _____

Patient info sheet given: Yes / No

GUM form faxed to GU clinic Yes / No**Name of clinic** _____**Clinic contact number given to client** Yes**Aii. Hep B PEP** *if <13 years old, check dose in BNF or with appropriate expert*According to SARC flowchart/local policy Hep B Pep is: **Not appropriate / Recommended**According to SARC flowchart/local policy Hep B Immunoglobulin is: **Not appropriate / Recommended**

Where Hep B Pep is recommended either refer to appropriate agency or follow local treatment guidelines

Hep B Pep/Immunoglobulin Yes / Declined

Name of injection _____

Site _____ Batch no _____ Exp date _____ Dose _____

Patient info sheet given Yes / No

GP / GUM letter Given to child/young person / Faxed / To be posted

Details _____

Clinic contact number given to client if attending GU clinic Yes

Aiii. Chlamydia / Neisseria Gonorrhoea / Others *if <13 years old, check dose in BNF or with appropriate expert*According to SARC flowchart/local policy antibiotics are: **Not appropriate / To be considered***Where antibiotics are to be considered, either refer to appropriate agency or follow local treatment guidelines*

Antibiotics given Yes / Declined

Name of antibiotics _____

Batch no _____ Exp date _____ Dose _____

Patient info sheet given Yes / No

GP / GUM letter Given to child/young person / Faxed / To be posted

Details _____

Clinic contact number given to client if attending GU clinic Yes

Aiv. Safer Sex

(barrier methods advised for 3 months post assault) discussed Yes / Not indicated

Name of child/young person

Date

B. EMERGENCY CONTRACEPTION

Pregnancy test at centre? YES / NO result _____

LMP _____ Hours post unprotected sexual intercourse (UPSI) _____

Other unprotected sexual intercourse since LMP? _____

Not appropriate _____

Declined _____

Other _____

Emergency contraceptive given: Yes / No

Name _____ Batch number _____ Expiry date _____

Follow up advice: Yes / No Details _____

IUCD Considered / discussed / recommended _____

C. SELF HARM RISK

Any specific concerns arisen regarding imminent risk of self harm? Yes / No

Further information / action _____

D. REFERRED FOR FOLLOW-UP / AFTERCARE TO *(delete as applicable)*

Paediatrician _____

ISVA _____

Other _____

E. GP LETTER

Name of GP _____

Surgery address _____

Surgery telephone number _____

Permission to send letter Yes / No

Given to carer: Yes / No

Posted to GP: Yes / No

PLEASE REMEMBER TO KEEP COPY IN THE NOTES OF ANY LETTERS TO OTHER AGENCIES such as GP, GU clinic, A&E etc.

Name of child/young person

Date

Additional Notes (use additional information page as required and tag to this form)

Lined area for additional notes.

Time notes concluded _____

Signature of FP _____

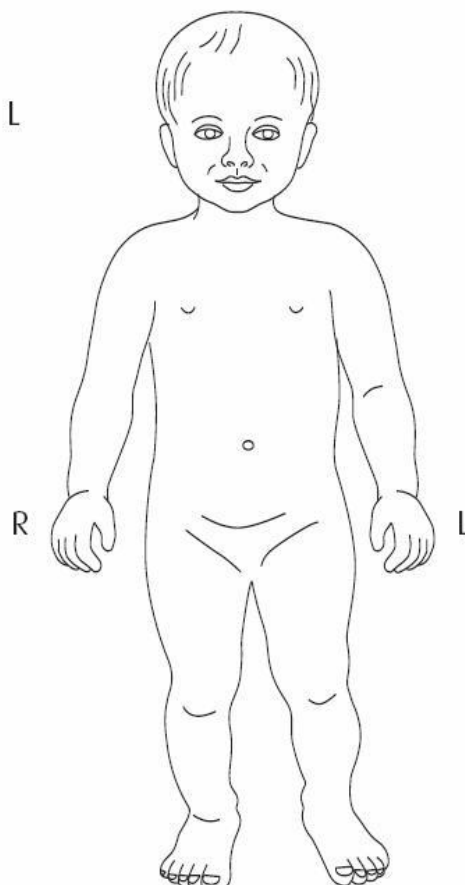
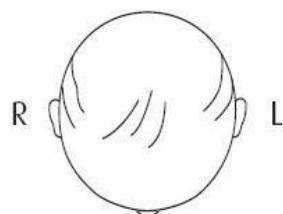
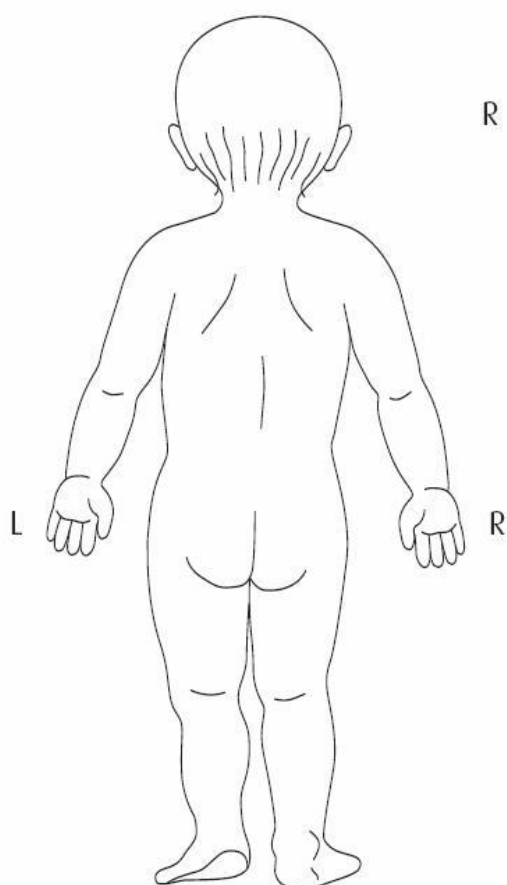
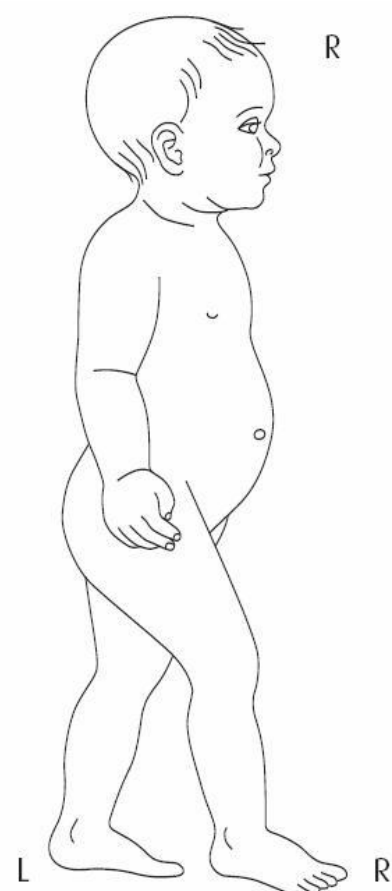
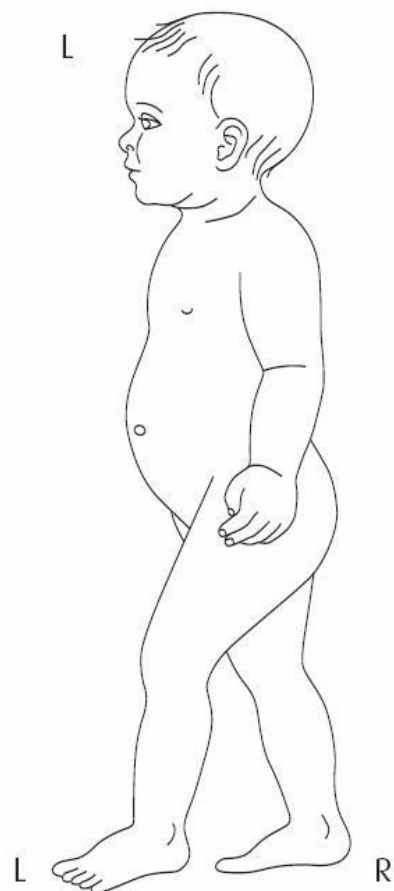
GMC / other registration number _____

Name of child/young person

Date

Baby body diagrams

Appendix A



Name of child/young person
Child body diagrams

Date
Appendix B

