



**Faculty of Forensic and Legal Medicine**

**Pro Forma**

**Pro forma for adult female and male forensic sexual assault examination**

**Note:** This form has been designed to assist Forensic Physicians and Forensic Nurses 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 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 complainant of a sexual offence 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 officer who is with the complainant.*

Date of initial call \_\_\_\_\_ Time of initial call \_\_\_\_\_

Name of referrer \_\_\_\_\_

Contact telephone number of referrer \_\_\_\_\_

Name of sexual offence trained officer who will be attending with the complainant \_\_\_\_\_

Contact telephone number of attending officer \_\_\_\_\_

Name of complainant \_\_\_\_\_

Does the complainant 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 complainant 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 complainant (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 complainant'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 Kit' and request a urine sample from the complainant. 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 complainant has capacity to consent to the examination.*

Does the complainant have any known mental health problems? \_\_\_\_\_

*If yes, consideration should be given to arranging a person with prior knowledge of the complainant to attend with him/her.*

Does the complainant have any difficulty understanding English? \_\_\_\_\_

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

Agree venue and time for examination \_\_\_\_\_

2. Examination Details

Location \_\_\_\_\_ Date of examination \_\_\_\_\_

Time of arrival \_\_\_\_\_ Time introduced to complainant \_\_\_\_\_

Referred by self/ police/ 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. Others Present

Social worker / Care worker \_\_\_\_\_

Others (relationship to examinee) \_\_\_\_\_

6. Patient Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender FEMALE / MALE Ethnicity \_\_\_\_\_

Self-referral case number (if applicable) \_\_\_\_\_

7. Reason for Referral

Briefing taken from: \_\_\_\_\_

Contact details \_\_\_\_\_

Names of persons present during briefing: \_\_\_\_\_

Location of assault(s): \_\_\_\_\_



8. Consent to History, Examination and Report

I, \_\_\_\_\_ consent to a forensic examination, as explained to me by \_\_\_\_\_

I understand that the 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...
d) I understand and agree that the doctor/nurse may provide a statement/report for the police ;
e) I understand and agree that a copy of the medical notes may be given to professionals involved in the case...
f) I agree to the use of my 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 \_\_\_\_\_

Date \_\_\_\_\_

If verbal consent Signature & Name of Witness

\_\_\_\_\_  
\_\_\_\_\_

Name of Complainant \_\_\_\_\_

Date \_\_\_\_\_

## 9. Medical History

General health \_\_\_\_\_

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Pre-existing skin problems *eg eczema, lichen sclerosis* \_\_\_\_\_

Previous illnesses \_\_\_\_\_

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Operations \_\_\_\_\_

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## 10. Menstrual/Obstetric History

<p><b>Periods</b> <i>eg frequency/regularity/LMP</i></p> <hr/> <hr/> <p><b>Pre-existing menstrual problems</b> <i>eg IMB and PCB</i></p> <hr/> <hr/>	<p><b>Any children</b> _____</p> <p><b>Mode of delivery</b> _____</p> <p><b>Episiotomy?</b> _____</p>
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## 11. Medications and Allergies

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

## 12. Details of the Assault from Complainant

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

Confirmation / additions from complainant (verbatim & recorded contemporaneously) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kissing/licking/biting/ sucking/spitting?	NOT KNOWN / NO / YES	<i>(details, including sites)</i>
Mouth to genitalia/anus?	NOT KNOWN / NO / YES	<i>(details)</i>
Digit to vulva/vagina/anus?	NOT KNOWN / NO / YES	<i>(details)</i>
Penis into vulva/vagina?	NOT KNOWN / NO / YES	<i>(details)</i>
Penis into mouth?	NOT KNOWN / NO / YES	<i>(details)</i>
Penis into anus?	NOT KNOWN / NO / YES	<i>(details)</i>
Ejaculation?	NOT KNOWN / NO / YES	<i>(details, including sites)</i>
Object to vulva/vagina/anus?	NOT KNOWN / NO / YES	<i>(details)</i>
Other sexual/physical act(s)	NOT KNOWN / NO / YES	<i>(details)</i>
Injuries?	NO / YES	<i>(details)</i>
Ano-genital bleeding?	NO / YES	<i>(details)</i>
Weapon used?	NOT KNOWN / NO / YES	<i>(details)</i>
Damage to clothing?	NO / YES	<i>(details)</i>

Name of Complainant

Date

### 13. Details of Assailant(s)

*Asked to determine risk of STIs (see Medical Aftercare)*

Confirmation / additions from complainant (verbatim & recorded contemporaneously)

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### 14. Post Assault *ask if relevant*

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

**15. Direct Questions** *ask if relevant*

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



Name of Complainant

Date

16. 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 in last 10 days only:

17. 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 Complainant

Date

**18. General Examination**

Name(s) of persons present \_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

General appearance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skin (colour, gooseflesh etc) \_\_\_\_\_

Hair *record hair style, last wash and if and approximate time of any added hair dye* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Demeanour/ behaviour \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speech *eg content, form* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre-existing physical problems *note type* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	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 <i>Note any foetor</i>	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	<i>Note if R or L handed</i>
L	Y / N	Y / N	
Fingers/nails: R	Y / N	Y / N	<i>note if cut/broken/false</i>
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 <i>eg jewellery, injection sites, self harm</i>			

## 19. Systems Examination

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

Name of Complainant

Date

20. Genital and Anal Examination *tick as indicated*

Extra lighting

Colposcope

Additional magnification

Position used

Separation YES/NO

Traction YES/NO

Left lateral YES/NO

Supine YES/NO

Details of female genital findings

Thighs

Mons pubis

Pubic hair  
*(shaved, cut)*

Labia majora

Labia minora

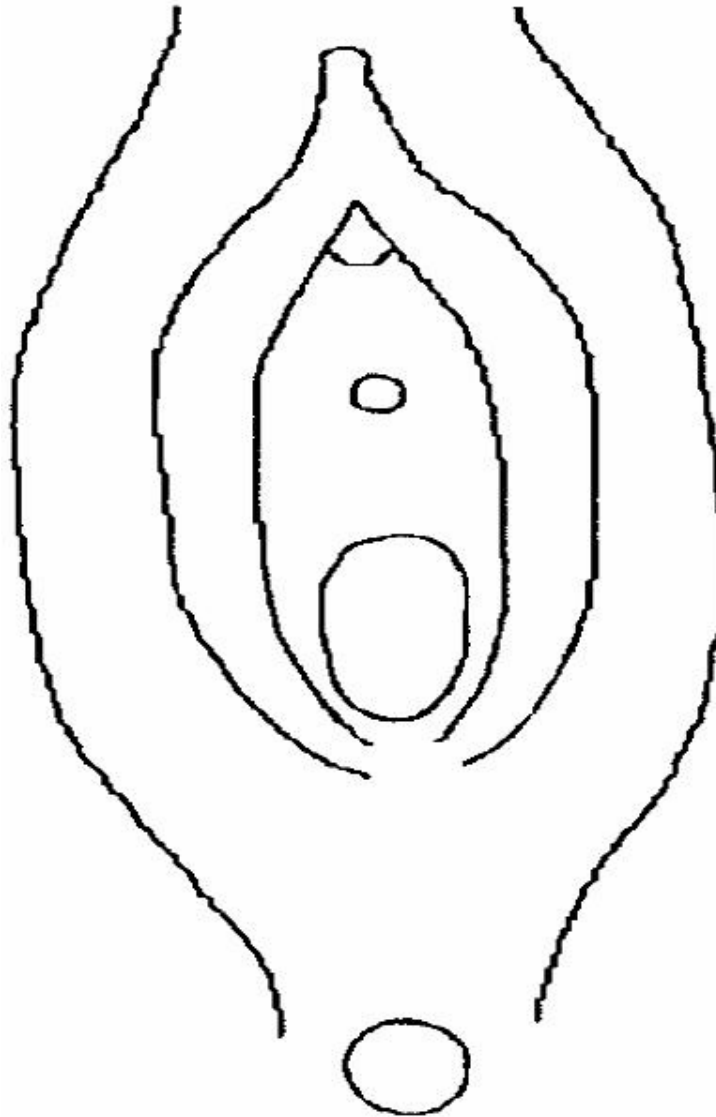
Clitoris

Fourchette

Fossa Navicularis

Vestibule

Hymen *(diagram when indicated)*



Internal findings (if applicable)

Vaginal wall

Cervix

Size of speculum used : 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      Type:

Name of Complainant

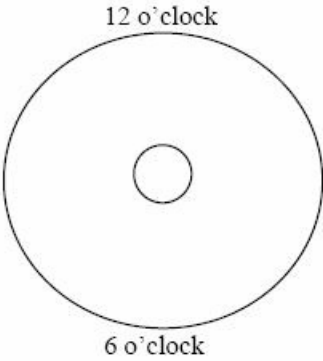
Date

Details of Anal findings

Natal fold

Perianal / Anal margin

Internal findings



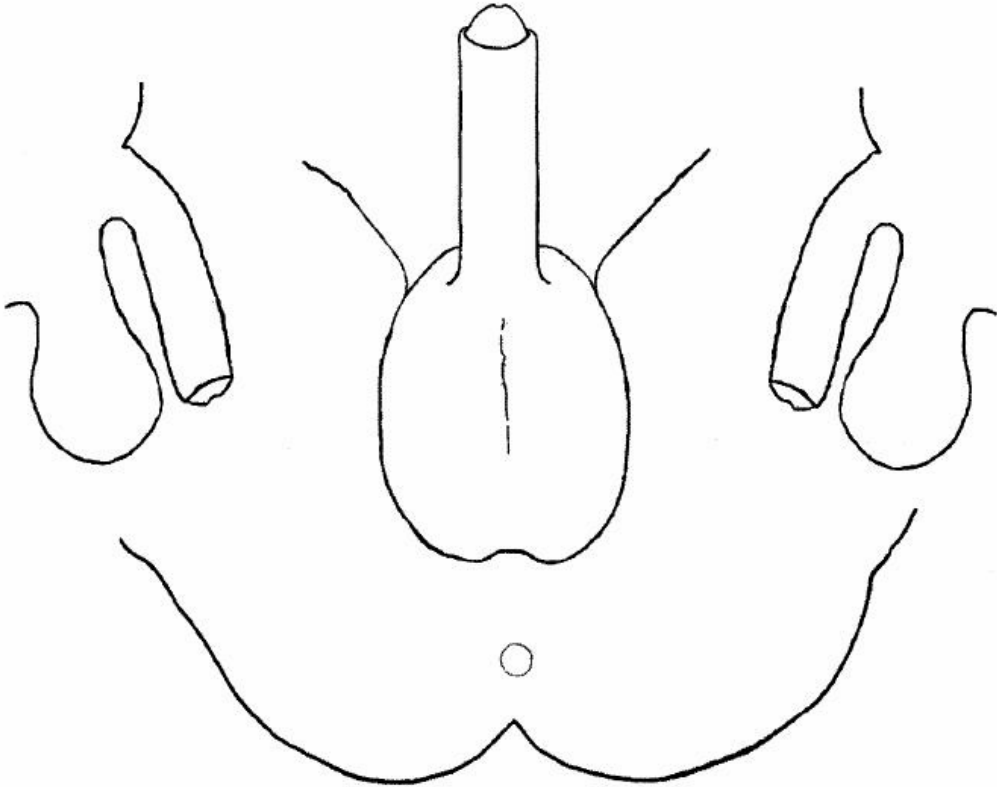
Proctoscope used:

Size and type:

Sterile water used : YES / NO      Batch Number \_\_\_\_\_      Expiry Date \_\_\_\_\_

Lubricant used: YES / NO      Type:

Details of Male Genital Findings



Thighs

Pubic Area

Pubic Hair

Scrotum

Testes

Penis

Foreskin







Name of Complainant \_\_\_\_\_

Date \_\_\_\_\_

## Confidential Medical Aftercare *can be detached*

### A. RISK OF SEXUALLY TRANSMITTED INFECTIONS

*The complainant'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: MSM / heterosexual / unknown

IVDU Yes / No / Unknown

UK-born Yes / No / Unknown but probably

Foreign born / lived Yes / No / Unknown but probably

Country \_\_\_\_\_ High risk / Low risk

HIV status: positive / negative / unknown

#### Ai. HIV PEP

According to SARC flowcharts/local policy HIV PEP is:

**Not appropriate / to be considered / recommended**

Is complainant;

<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) \_\_\_\_\_

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

Name of Complainant \_\_\_\_\_

Date \_\_\_\_\_

**If treatment to be given on site** discuss with complainant:

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

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 complainant / Faxed / To be posted

Details \_\_\_\_\_

Clinic contact number given to client if attending GU clinic Yes

## Aiii. Chlamydia / Neisseria Gonorrhoea / Others

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 complainant / 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 Complainant

Date

**B. EMERGENCY CONTRACEPTION**

Pregnancy test at centre? YES / NO result \_\_\_\_\_

LMP \_\_\_\_\_ Hours post unprotected sexual intercourse (UPI) \_\_\_\_\_

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

IUCD Considered / discussed / recommended \_\_\_\_\_

**C. SELF HARM RISK**

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

Further information / action \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. GP LETTER**

Name of GP \_\_\_\_\_

Surgery address \_\_\_\_\_

Surgery telephone number \_\_\_\_\_

Permission to send letter Yes / No

Given to complainant: 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.**

