



Forensic Examination - Adult Victim of Suspected Assault/Non-Accidental Injury (NAI)

(for individuals aged 18 years and over)

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Confidential

Note: This form has been designed by Dr Elisabeth Alton and Prof Margaret Stark on behalf of the Academic Committee of the Faculty of Forensic & Legal Medicine for use by Forensic Clinicians. It is provided to assist the examining clinician in the assessment of an adult complainant of 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 clinician.

1. Examination details

Location _____

Date of examination _____

Time of arrival _____

Time examination commenced _____

2. Forensic Clinician details

Name _____

Regulatory No _____

GP details of complainant _____

Consent to access GP records YES ☐ NO ☐

3. Social worker Details

Name of social worker _____

Workplace _____

Mobile number _____

4. Others present

Name and relationship to complainant _____

5. Details of Victim

Name _____

Date of birth _____

How do they describe their gender? _____

Is this the same as at birth? _____

Sexuality _____

Ethnicity _____

Marital Status: Single ☐ Married ☐ Separated ☐

Divorced ☐ Civil partnered ☐

Accommodation type _____

Address _____

6. Capacity to consent to examination and report

"I consent to a forensic clinical examination as explained to me by

_____.
(insert name of forensic clinician)

to include (cross out as appropriate):

- a. Full clinical examination as appropriate
- b. Taking photographs for the record and evidential purposes
- c. Consent for the use of anonymised data from this pro forma to be used for audit/research/clinical governance purposes

"I understand that a report may have to be produced for court based on the examination and that details of the examination may have to be revealed in court."

"I may cross out any of the options (a) to (c) above before I sign and stop or refuse to go ahead with the examination at any time."

"I have been given the opportunity to ask any questions."

"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 child safeguarding/protection legislation professionals have a duty of care to share information with other agencies and to share information to keep vulnerable adults safe, including referral to Multi-Agency Risk Assessment Conference (MARAC)."

"I am aware that my place of care may change, my carers may change, and the alleged perpetrator may be prosecuted."

"I am aware that information may be shared with adult social care, the police and my GP."

Lacks Capacity (attach capacity assessment) Yes/No

Signed/verbal consent _____

Date _____

Consent gained via:

LPA for health and welfare ☐ Court appointed deputy ☐

Best interest decision (MCA 2005) ☐ Wider public interest ☐

Names of those consulted for best interest decision



Complainant's name	DOB	Age	Date
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7. History of assault from Social Worker

Briefing from Social Worker (note name and contact details)

Local authority paperwork YES ☐ NO ☐

Viewed by forensic clinician YES ☐ NO ☐

Body diagram YES ☐ NO ☐

Relevant history from other professionals e.g. name/
profession/place of work

Communication Needs

8. History from Victim

Details of alleged assault (try to avoid leading questions but if
necessary record question and answer, verbatim)

Are you hurt anywhere?

And how did that happen? _____

Did you have any injuries before this incident? _____

Did the alleged perpetrator sustain any injuries?

(details) _____

Were any other people present during the alleged assault? (details)

Have you visited any other doctors, nurses, paramedics/
ambulance crew, clinics or hospitals in relation to this incident?

(details) _____

Have you visited any other doctors, nurses, paramedics/
ambulance crew, clinics or hospitals with injuries relating to
previous alleged physical abuse from the same alleged
assailant?

(details) _____

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

Mouth ☐ Penis ☐ Vagina ☐ Anus ☐

**If there is an alleged sexual assault, need to move to
sexual assault referral centre, (SARC), and change pro
forma**



Complainant's name

DOB

Age

Date

9. Medical History

Past medical/surgical history. What care and support needs make the person unable to protect themselves?

Medication, especially if they affect clotting

Allergies

Learning Disabilities (including neurodevelopmental disorders)

10. Systems examination *if relevant*

CVS

Pulse rate/character

BP

Heart Sounds

Other findings

RS

Trachea/air entry/PN etc.

Breath Sounds

PEFR *if indicated*

Abdomen

LKKS

Tenderness/Masses

Bowel sounds

CNS

Pupil size and reactions

Eye movement/nystagmus

Conjunctivae

Balance/Coordination

Reflexes

Cranial nerves

Tone

Power

Sensation

Complainant's name

DOB

Age

Date

11. General physical examination

Consider forensic samples as per the FFLM guidelines

Name(s) of person(s) present _____

Height BMI Weight

Skin colour _____ Hair Colour _____

Demeanour

Physical examination			
Detail below and record on body diagrams. Include measurements, colour, shape, site and forensic type of injury, tenderness and signs of healing etc. Document negative findings. Consider photo documentation.			
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 including knees	Feet/ankles/soles R/L
Back	Buttocks	Additional details, e.g. jewellery injuries, items lost at scene, self-harm marks, tattoos, piercings	
Arms R/L	Hands/wrists R/L		

Recommendations

To whom and why?

[illegible]

Faculty of Forensic & Legal Medicine

