

2. Examination Details

Location _____

Date of examination _____

Time of arrival of complainant _____

Time FC introduced to complainant _____

3. Forensic Clinician Details

Name of FC _____

GMC / NMC number _____

Other clinicians (*if present*) _____

4. Police Details

Crime Reference Number _____

Name and contact details of attending police officer (including collar number) _____

Name and contact details of Officer in Case (including collar number) _____

5. Crisis Worker Details

Name of Crisis Worker _____

Contact telephone number _____

6. Others Present

Social worker/ Care worker _____

Others (*relationship to examinee*) _____

7. Patient Details

Name _____

Address _____

Date of Birth _____ Age _____

Gender _____ Ethnicity _____

Self-referral case number (*if applicable*) _____

8. Reason for Referral

Briefing taken from _____

Contact details (if police include collar number) _____

Names of persons present during briefing _____

Location of alleged assault(s) _____

9. 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 recorded in writing**
- b) Collection of forensic samples
- c) Collection of medical specimens
- d) Taking of **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 anonymised, encrypted and stored securely and only be made available to other non-medical persons on the order of a judge
- e) 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
- f) I understand and agree that the Clinician will provide a **statement/report** for the police if requested to do so
- g) I agree to the use of my anonymised photographs/videos/digital images/medical notes for **teaching and research**
- h) I give permission for a letter to be written to my GP
- i) I understand that I may strike out any of the above
- j) I understand that my anonymised photographs/videos/digital images/medical notes will be used for **audit**
- k) I understand that if this case goes to court the clinician may be required to be cross examined on this medical examination in court
- l) I understand staff at the SARC have a duty of care and may have to inform social services and/or police
- m) I have been advised that I may halt the examination at any time

Signed.....

Name printed Date and time.....

Signature of FC who took consent

Name printed Date and time.....

GMC/NMC Number.....

If verbal consent, signature of witness.....

Name printed Date and time.....

GIVE A COPY OF THIS CONSENT FORM TO THE COMPLAINANT

10. Details of the Assault from Complainant

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

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

Confirmation / additions from complainant (verbatim & recorded contemporaneously) _____

11. Post Alleged Assault *ask if relevant*

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

12. Details of Alleged Assailant(s) *Asked to determine risk of STIs (see Medical Aftercare)*

Confirmation / additions from complainant (verbatim and recorded contemporaneously) _____

13. Direct Questions *ask if relevant*

	Since assault	Details	If yes, note if previously experienced the problem described
Abdominal Pain			
Urinary symptoms <i>e.g. dysuria, frequency, haematuria, incontinence, UTI</i>			
Genital symptoms <i>e.g. soreness, discharge, bleeding, dyspareunia, pruritis, injuries</i>			
Bowel symptoms <i>e.g. soreness, pain on defaecation, discharge, bleeding, change in bowel habit, incontinence, pruritis, injuries</i>			
Other symptoms (including intoxication with or withdrawal from drugs/alcohol)			

14. 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 Yes No Not Known

Spermicide Yes No Not Known

Lubricant Yes No Not Known

Other (specify) _____

If relevant, clarify types of intercourse in last 10 days only _____

15. Drug and Alcohol Use in Relation To Alleged Assault

Did the alleged assailant consume alcohol? Yes No Not Known

If yes, please specify Prior During After offence

Start time of drinking _____ End time of drinking _____

Quantity and type of beverage consumed _____

Time last ate _____

Did the complainant consume alcohol? Yes No Not Known

If yes, please specify Prior During After offence

Start time of drinking _____ End time of drinking _____

Quantity and type of beverage consumed _____

Time last ate _____

Subjective sense of influence/ intoxication with alcohol _____

Have any illicit drugs been used by / administered to the subject within 14 days of the examination? Yes No Not Known

If yes, please specify Prior During After offence

Give details _____

Are any other substances suspected of having been used Yes No Not Known

By / administered that could be relevant to the offence? Prior During After offence

If yes, please specify Prior During After offence

Give details _____

If applicable - drugs/alcohol history _____

16. Medical History

General Health (including clotting disorders) _____

Additional Needs _____

Pre-existing skin problems *e.g. eczema, lichen sclerosus* _____

Previous Illnesses _____

Operations _____

17. Mental Health

History of mental illness _____

Hospital admissions (voluntary / involuntary) _____

Care Plan _____

18. Menstrual / Obstetric History

<p>Periods <i>e.g. frequency / regularity / LMP</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Pre-existing menstrual problems <i>e.g. IMB and PCB</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>How many times have you given birth?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Number of vaginal births</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Birth weight of children</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Episiotomy?</p> <p>_____</p> <p>_____</p> <p>Any genital surgery (including piercings/FGM)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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19. Medications and Allergies

<p>Prescribed Medication</p> <p><i>e.g. contraception (detail compliance), HRT</i></p>	
<p>Other medication / remedies (e.g. OTC, vitamins, protein shakes etc.)</p>	
<p>Allergies</p>	

20. Forensic Medical Examination

Start time _____ Finish time _____

21. Examination

Name(s) of person(s) present _____

Height _____ Weight _____ BMI M²/Kg _____

General appearance _____

Skin (colour, gooseflesh diaphoresis etc.) _____

Hair *approximate time of any added hair dye (advise not to dye hair or cut hair whilst awaiting hair samples for toxicology at 4 - 6 weeks)*

Demeanour / behaviour _____

Speech (e.g. content, slurring) _____

Additional physical needs _____

Injuries (fresh / healing or healed) / pathology / tattoos / piercings (indicate if self-harm)	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/frenulum)	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 L	Y / N Y / N	Y / N Y / N	
Hands/wrists: R L	Y / N Y / N	Y / N Y / N	Note if R or L handed
Fingers/nails: R L	Y / N Y / N	Y / N Y / N	Note if cut / broken / false
Front of chest	Y / N	Y / N	
Breasts	Y / N	Y / N	
Back of chest	Y / N	Y / N	
Abdomen	Y / N	Y / N	
Legs: R L	Y / N Y / N	Y / N Y / N	
Feet/ankles/soles: R L	Y / N Y / N	Y / N Y / N	
Additional details <i>e.g. jewellery, injection sites, self-harm, tattoos</i>			

Systems Examination

<p>CVS</p>	<p>Pulse rate/character _____</p> <p>BP _____</p> <p>Heart sounds _____</p> <p>Other findings</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>RS</p>	<p>Trachea / Air entry / PN _____</p> <p>Breath sounds _____</p> <p>PEFR (if indicated) _____</p>
<p>Abdomen</p>	<p>L.K.K.S _____</p> <p>Tenderness / Masses / Guarding / Rebound _____</p> <p>_____</p> <p>Bowel sounds _____</p>
<p>Neurology</p>	<p>Cranials _____</p> <p>Pupil Size _____</p> <p>Reaction to light _____</p> <p>Accommodation _____</p> <p>Tremor _____</p> <p>Ataxia _____</p> <p>Tone _____</p> <p>Power _____</p> <p>Reflexes _____</p> <p>Sensation _____</p>

22. Genital and Anal Examination

Extra lighting

Colposcope

Additional magnification

Position used

Left lateral Yes No

Supine Yes No

Separation Yes No

Traction Yes No

Details of Female Genital findings

Thighs	
Mons pubis	
Pubic hair (e.g. shaved, cut)	
Labia majora	
Labia minora	
Clitoris	
Fourchette	
Fossa Navicularis	
Vestibule	
Hymen (diagram when indicated)	
Internal findings (if applicable)	
Vaginal wall	
Cervix	
Size and type of speculum used	
Foley catheter used Yes <input type="checkbox"/> No <input type="checkbox"/>	
Amount of air in balloon	Diameter of inflated balloon
Sterile water used Yes <input type="checkbox"/> No <input type="checkbox"/>	Batch number and expiry date
Lubricant used Yes <input type="checkbox"/> No <input type="checkbox"/>	Make

Details of Anal findings

Natal fold

Perianal / Anal margin

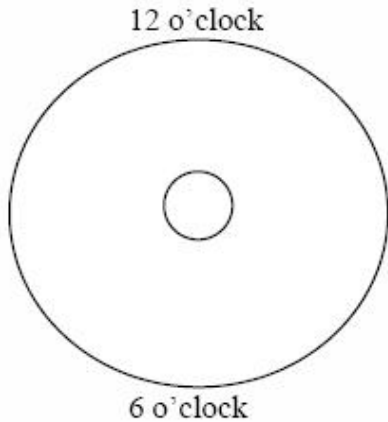
Internal findings

Proctoscope used Yes No

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

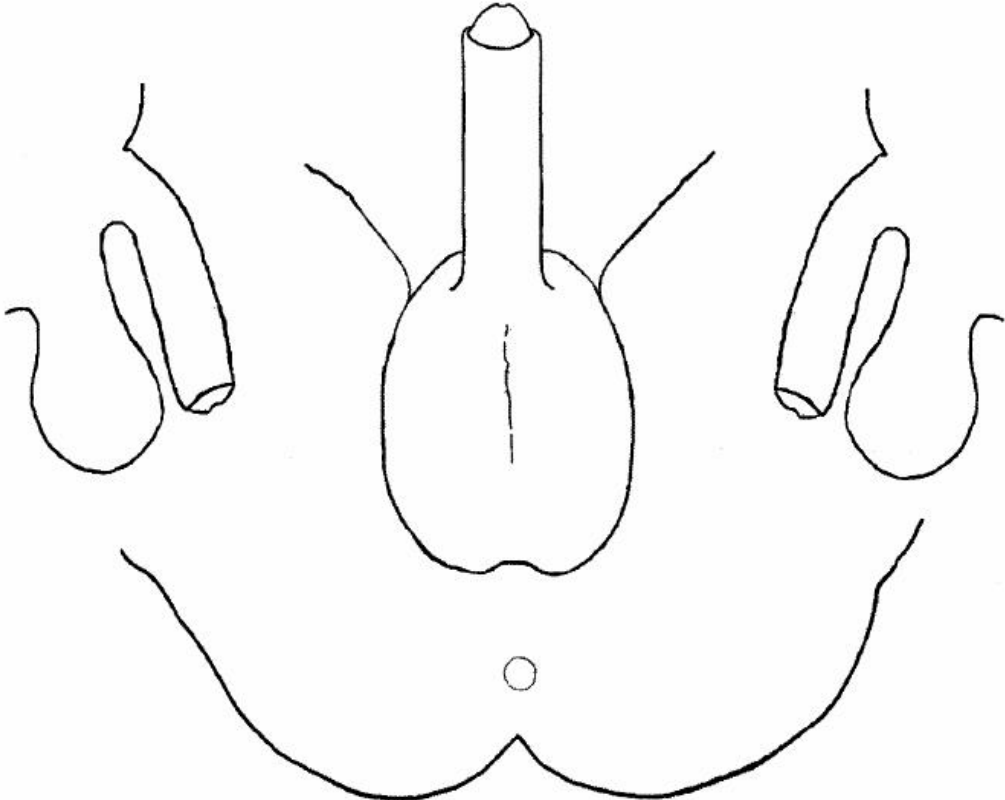
Pubic Hair

Scrotum

Testes

Penis

Foreskin



23. Forensic Samples *(do not complete if FME forms are used)*

Start time _____ End time _____

	Identification number	Description of sample	Moistened Yes / No	Time Taken
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

To whom handed _____

Date and Time samples handed over _____

27. 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

Other _____

Ejaculation occurred? Yes No Not known Condom used throughout? Yes No Not known Aggravating factors e.g. mucosal breach Yes No Menstruating Yes No **Suspect details:**Sexuality Not known Heterosexual Bisexual MSM WSW IVDU Yes No Not known UK-born Yes No Not known Lived abroad Yes No Not known Country High risk Low risk HIV status Positive Negative Not known

HIV positive - what is the viral load _____

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 / under 40kg? 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.

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 _____ Expiry Date _____

Time of first dose PEP (if given on site) or referral to GUM / ED for PEP _____

Patient info sheet given Yes No GUM form faxed to GU clinic Yes No

Name of clinic _____

Clinic contact number given to complainant Yes No

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 PEP Immunoglobulin is: **Not appropriate** **Recommended**

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

Hep B Pep Yes Declined

Name of injection _____

Site _____ Expiry Date _____

Batch No _____ Dose _____

Patient info sheet given Yes No

Aiii. Safer Sex

Barrier methods advised for 3 months post assault discussed Yes No

STI screening organised _____

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

IUCD Considered Discussed Recommended

C. Are they safe to leave?

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

Further information / action _____

Psychological well-being / mental health follow up details _____

D. Safeguarding Referrals

Details _____

Action Taken _____

E. 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

GP / GUM Letter Given to Complainant Emailed To be posted

Details _____

Clinic contact number given to complainant if attending GU clinic Yes No

PLEASE REMEMBER TO KEEP COPY IN THE NOTES OF ANY LETTERS TO OTHER AGENCIES SUCH AS GP, GU CLINIC, ED etc.

Case Number

Crime Reference Number

Date

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

Lined area for notes with multiple horizontal lines.

Time notes concluded _____

Signature of Forensic Clinician _____

References

1. Recommendations for the Collection of Forensic Specimens from Complainants and Suspects
(Updated biannually, in January and July)

FFLM