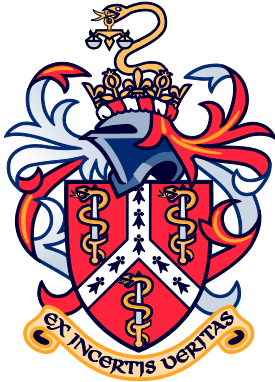


Case Number

Crime Reference Number

Date



Faculty of Forensic &amp; Legal Medicine

## Pro Forma

# Adult Forensic Sexual Assault Examination

May 2021 Review date May 2024 - check [www.fflm.ac.uk](http://www.fflm.ac.uk) for latest update

Note: This form has been designed to assist Forensic Clinicians 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 clinician. This form should not be used for the examination of suspects (use Fitness for Detention Pro forma).

Throughout the notes use 24 hour clock to avoid confusion

### 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 Forensic Clinician (FC) should endeavour to speak directly with the officer who is with the complainant.

Date and time of initial call \_\_\_\_\_

Name of referrer (if police include collar number) \_\_\_\_\_

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 and DOB \_\_\_\_\_

Does the complainant have any known serious injuries or other acute medical problems? \_\_\_\_\_

\_\_\_\_\_

The FC 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 ED if she/he appears to have serious injuries or an altered level of consciousness. The FC should be willing to attend a hospital if required to.

When did the alleged incident take place (day / date / time)? \_\_\_\_\_

A decision with regard to the timing of the examination should be made after consideration of the persistence data regarding forensic evidence (see FFLM 'Recommendations for the collection of forensic specimens from complainants and suspects') and the medical needs of the complainant (e.g. HIV Post Exposure Prophylaxis, Hep B, emergency contraception, documentation of injuries).

What is the nature of the alleged 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 wash (see FFLM 'Recommendations for the collection of forensic specimens from complainants and suspects'). 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 of the complainant (DFSA)?

\_\_\_\_\_

In all cases, presenting within 14 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 them.

Does the complainant have any known additional needs e.g. difficulty understanding English? \_\_\_\_\_

\_\_\_\_\_

If yes, consideration should be given to arranging an interpreter. Consider all other additional needs e.g. A signer for the deaf.

Agreed venue and time for examination \_\_\_\_\_

## 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/<br>sucking/spitting? | YES / NO / NOT KNOWN | <i>(details, including sites)</i> |
| Mouth to genitalia/anus?                     | YES / NO / NOT KNOWN | <i>(details)</i>                  |
| Digit to<br>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<br>vulva/vagina/anus?              | YES / NO / NOT KNOWN | <i>(details)</i>                  |
| Other sexual/physical<br>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>                                                       |
| <b>Circle:</b>  | 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|--------------------------------------------------------------|
| <b>Abdominal Pain</b>                                                                                                                                |               |         |                                                              |
| <b>Urinary symptoms</b><br><br><i>e.g. dysuria, frequency, haematuria, incontinence, UTI</i>                                                         |               |         |                                                              |
| <b>Genital symptoms</b><br><br><i>e.g. soreness, discharge, bleeding, dyspareunia, pruritis, injuries</i>                                            |               |         |                                                              |
| <b>Bowel symptoms</b><br><br><i>e.g. soreness, pain on defaecation, discharge, bleeding, change in bowel habit, incontinence, pruritis, injuries</i> |               |         |                                                              |
| <b>Other symptoms</b><br><br><b>(including intoxication with or withdrawal from drugs/alcohol)</b>                                                   |               |         |                                                              |



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

### 19. Medications and Allergies

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

**20. Forensic Medical Examination**

Start time \_\_\_\_\_ Finish time \_\_\_\_\_

**21. Examination**

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI M<sup>2</sup>/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<br>(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<br>(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<br>L                                                                                      | Y / N<br>Y / N | Y / N<br>Y / N |                              |
| Hands/wrists: R<br>L                                                                              | Y / N<br>Y / N | Y / N<br>Y / N | Note if R or L handed        |
| Fingers/nails: R<br>L                                                                             | Y / N<br>Y / N | Y / N<br>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<br>L                                                                                      | Y / N<br>Y / N | Y / N<br>Y / N |                              |
| Feet/ankles/soles: R<br>L                                                                         | Y / N<br>Y / N | Y / N<br>Y / N |                              |
| Additional details<br><i>e.g. jewellery, injection sites, self-harm, tattoos</i>                  |                |                |                              |

**Systems Examination**

|                         |                                                                                                                                                                                                                                   |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>CVS</b></p>       | <p>Pulse rate/character _____</p> <p>BP _____</p> <p>Heart sounds _____</p> <p>Other findings _____</p> <p>_____</p> <p>_____</p> <p>_____</p>                                                                                    |
| <p><b>RS</b></p>        | <p>Trachea / Air entry / PN _____</p> <p>Breath sounds _____</p> <p>PEFR (if indicated) _____</p>                                                                                                                                 |
| <p><b>Abdomen</b></p>   | <p>L.K.K.S _____</p> <p>Tenderness / Masses / Guarding / Rebound _____</p> <p>_____</p> <p>Bowel sounds _____</p>                                                                                                                 |
| <p><b>Neurology</b></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

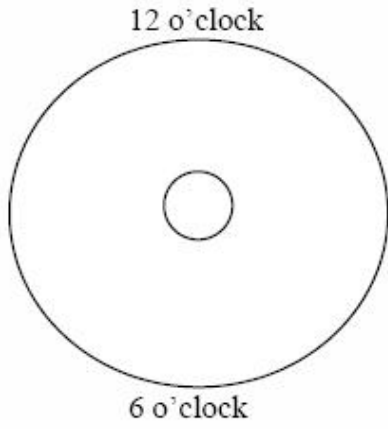
Internal findings

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

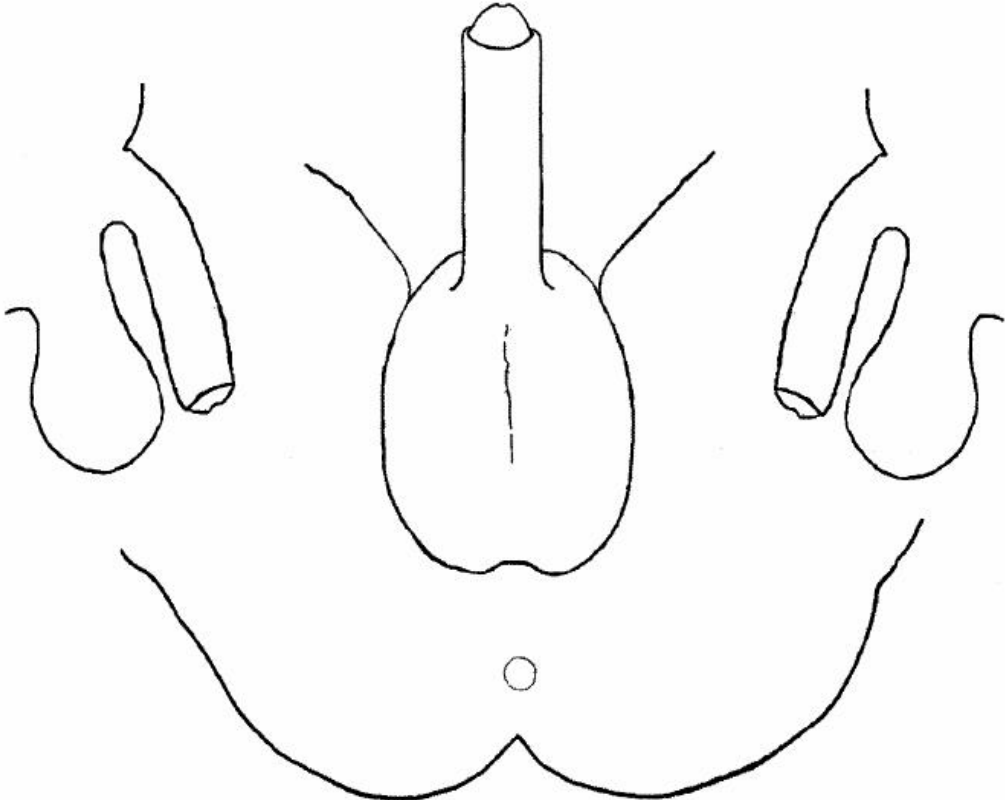
Pubic Hair

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<br>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 \_\_\_\_\_

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Psychological well-being / mental health follow up details \_\_\_\_\_

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**D. Safeguarding Referrals**

Details \_\_\_\_\_

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Action Taken \_\_\_\_\_

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\_\_\_\_\_

**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.**



## References

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

FFLM