Faculty of Forensic & Legal Medicine

Pro Forma

Paediatric Forensic Medical Examination

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Note: This form has been designed for use by Clinicians. It is provided to assist the examining Clinician 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 in the control of the examining Clinician. It is for both acute and historic (delayed reporting) cases; please be flexible in the way it is used.

Throughout the notes use 24 hour clock to avoid confusion

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 Clinician should endeavour to speak directly with the sexual offence trained police officer who is with the child/young person.

Date and time of initial call _____

Name of referrer _____

Contact telephone number of referrer _____

Name of professional (*e.g. Police Officer*) **who will be attending with the child/young person**_____

_____

Contact telephone number of attending professional _____

Name of child/young person _____**Date of birth (age)** _____**( )**

The Clinician should consider if they have all the necessary skills[1, 2] to examine the child/young person, or if there is a need to involve a second Clinician. Children should be examined in a child friendly environment.

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

_____

The Clinician 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 ambulance, to the nearest ED department if they appear to have serious injuries or an altered level of consciousness. The Clinician should be willing to attend a hospital if required to.

When did the incident(s) take place, if known? _____

A decision regarding the timing of the examination should be made after consideration of the persistence data regarding forensic evidence,[3] any injuries however minor, and the medical needs of the child/young person (e.g., HIV Post Exposure Prophylaxis, emergency contraception, Mental Health etc).

What is the nature of the sexual assault, if known?_____

_____

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 an 'Early Evidence Kit' / oral samples[3] urgently.

Did the incident include Non-Fatal Strangulation (NFS) _____ **Yes/ No / Unknown**

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 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. If within 24 hours, 2 consecutive samples are ideal.

Does the child have capacity to consent? Who holds parental responsibility for the child/young person? Will they accompany the child? _____

_____

Is that person, and the child if they have capacity, aware of the referral and willing to give consent to the paediatric forensic examination? _____

_____

Does the child/young person/carer have any 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; a laptop for the child with autism who only communicates that way etc.

Agreed venue and time for examination_____

2. Examination Details

Location _____

Date of examination _____

Time of arrival _____

Time introduced to child/young person _____

Referred by self/police/social services/paediatrician/general practitioner/sexual health/other *(delete/annotate as applicable)* _____

_____

3. Clinician Details

Name of Clinician _____

GMC/NMC _____

Other Clinicians *(if present)* _____

_____

4. Police Details

Force Incident Number _____

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. General Practitioner

Name of GP _____

Surgery address _____

Secure email address _____

Surgery telephone number _____

7. School/Nursery

Name of school/nursery _____

Safeguarding lead _____

Secure email address _____

8. Present

Family/Friends _____

_____

Crisis worker _____

Others _____

9. Consent

Name and address of person with Parental Responsibility (PR)

Name _____

Address _____

Telephone number _____

Name of child _____

Date of birth of child_____

Address _____

Telephone number _____

NHS number _____

I consent to the following and understand that the paediatric 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 samples

d) Photo documentation for recording and evidential purposes (including second opinions from medical experts and peer review). I have been told that any sensitive images will be stored securely and only be made available to other non-medical persons on the order of a judge

e) I understand that the Clinician will provide a Child Protection report for the police, social services, paediatric services and the patient's GP

f) I understand that the Clinician will provide a court statement if requested

g) I understand that the Clinician will give evidence in court if ordered

h) I understand and agree that a copy of the forensic medical notes may be given to professionals involved in the case (e.g., police or lawyers) and may be used in a court

i) I agree to the use of photo documentation and anonymised medical notes for teaching

j) I agree to the use of my anonymised-medical notes for audit and research

k) I understand staff at the SARC have a duty of care and have to inform the Multi Agency Safeguarding Hub

l) I have been advised that I may halt the examination at any time

Signed (Child) ..... Date and time .....

Name printed .....

Signed (Person with PR) ..... Date and time.....

Name printed .....

Signed (Witness to signatures)..... Date and time.....

Name printed .....

Signed (Clinician)..... Date and time.....

Name printed .....

GIVE A COPY OF THIS CONSENT FORM TO THE CHILD AND / OR THE PERSON WITH PARENTAL RESPONSIBILITY

10. Patient Details

Name _____

Address _____

Date of Birth _____ **Age** _____

Gender Female / Male / Trans / Prefer not to say **Ethnicity** _____

Case number _____

11. Household

Adults

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

Children

	Surname	First names	DOB	Relation to child (ren) e.g. brother, half-brother, stepbrother of examinee
1				
2				
3				
4				
5				
6				

Own bedroom Yes ☐ No ☐

12. Vulnerabilities

Missing episodes _____

_____

_____

Exploitation - criminal e.g., county lines/sexual _____

_____

_____

Looked after child, young carer _____

_____

_____

_____

_____

Unaccompanied asylum seeker _____

_____

_____

_____

Risk of Female Genital Mutilation _____

_____

_____

_____

Domestic abuse/coercive control _____

_____

_____

_____

13. Social care involvement

Child Protection Plan/Child in Need Plan, details of when _____

_____

_____

Reason(s) Neglect ☐ Physical Injury ☐ Sexual abuse ☐ Emotional abuse ☐

Court Orders? (PPO/EPO/ICO/CO) Yes ☐ No ☐

14. 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) if known/given _____

_____

_____

Brief history of assault(s) if known/given _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Brief history of assault(s) if known/given continued

Brief history of assault(s) if known/given continued _____

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_____

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_____

_____

_____

_____

_____

_____

_____

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 _____

Alcohol use history _____

_____

_____

Any other substances been used by/administered to the complainant within 14 days of the examination (Including prescribed and over the counter medication)? Yes ☐ No ☐ Not known ☐

If yes, please specify Prior ☐ During ☐ After offence ☐

Give details _____

_____

_____

_____

Substance misuse history

Number of assailants if known/given

Prior knowledge of assailant(s)

Details of assailants(s) *Asked to determine risk of STIs (see 22. Medical Aftercare)*

Confirmation/additions from child/young person (verbatim)

Last contact with alleged assailant(s)

Possible sexual abuse/assault/exploitation in connection with this allegation(s) (if known)

Asked to direct forensic sampling and determine risk of STIs and pregnancy

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

15. Forensic samples taken before examination started *(details)*

Mouth _____

_____

_____

_____

Urine _____

_____

_____

_____

Tissues used to wipe _____

_____

_____

_____

Condom(s) _____

_____

_____

_____

Sanitary protection _____

_____

_____

_____

Clothing _____

_____

_____

_____

By whom taken _____

_____

_____

16. Post Assault

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

17. Direct Questions *ask if relevant*

	Since assault	Details	If yes, note if previously experienced the problem described
Pain			
Urinary symptoms *e.g., dysuria, frequency, haematuria, incontinence, UTI*			
Genital symptoms *e.g., soreness, discharge, bleeding, dyspareunia, pruritis, injuries*			
Perianal/rectal symptoms *e.g., soreness, pain on defaecation, discharge, bleeding, change in bowel habit, incontinence, pruritis, injuries*			
Other symptoms			

18. Medical History

A. Birth History

Pregnancy _____

Gestation _____

Birth _____

Place of birth _____

Birth weight _____

Neonatal history _____

_____

_____

B. Development

Motor milestones Normal ☐ Delayed ☐

Speech Normal ☐ Delayed ☐

_____

_____

_____

School progress _____

_____

_____

_____

_____

_____

Learning Difficulties/Neurodiversity _____

_____

_____

_____

_____

_____

_____

_____

Additional needs _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

C. Health

Vision

Hearing

Medications

Allergies

General Health

Bathing - shower or bath; hygiene products

Immunisations up to date Yes ☐ No ☐ Unknown ☐

Past Medical and Surgical History

Emergency Department attendance

D. Review of Systems (Please specify as much detail as possible, including whether prior to the alleged offence(s) or just post. |This is part of the holistic assessment of the child.)

Gastrointestinal	Yes	No	Comment
Appetite			
Vomiting	☐	☐	
Abdominal Pain	☐	☐	
Rectal Bleeding	☐	☐	
Perianal Pruritus	☐	☐	
Rectal Discharge	☐	☐	
Constipation	☐	☐	
Diarrhoea	☐	☐	
Soiling	☐	☐	
Regular bowel action	☐	☐	
Worms	☐	☐	
Other			

Urinary	Yes	No	Comment
Frequency	☐	☐	
Urgency	☐	☐	
Clean & dry, daytime	☐	☐	Age
Clean & dry, nighttime	☐	☐	Age
Wetting daytime	☐	☐	
Wetting nighttime	☐	☐	
Dysuria	☐	☐	
Haematuria	☐	☐	
Urinary tract infection(s)	☐	☐	
Other			

Genital	Yes	No	Comment
Blood in underwear	☐	☐	
Discomfort/pain	☐	☐	
Pruritus	☐	☐	
Rash	☐	☐	

Discharge	☐	☐	
Penile discomfort/rash	☐	☐	
Penile discharge	☐	☐	
Menarche	☐	☐	
Menstrual cycle Any spotting/bleeding out with cycle?	☐ ☐	☐ ☐	
Date of last period			
Routine sanitary protection	Tampons, regular use ☐ Tampons tried ☐ Pads ☐		
Sexual history			
Contraception			
Pregnancies			
Birth history			
Other			

Skin Diseases/Warts	Yes	No	Comment
	☐	☐	

Neurology	Yes	No	Comment
Headaches	☐	☐	
Faints	☐	☐	
Seizures	☐	☐	
Dizzy spells	☐	☐	
Other			

Cardiovascular	Yes	No	Comment
Chest pain	☐	☐	
Palpitations	☐	☐	
Ankle swelling	☐	☐	
Short of Breath	☐	☐	

Respiratory	Yes	No	Comment
Asthma	☐	☐	
Short of Breath	☐	☐	
Cough	☐	☐	
Other			

Musculoskeletal	Yes	No	Comment
Joint pain	☐	☐	
Back pain	☐	☐	
Joint swelling	☐	☐	
Disabilities	☐	☐	
Other			

Behaviour/emotional problems	Comment
Sleep pattern	
Appetite	
Anger	
School work	
School friendships	
Substance misuse	
Alcohol misuse	
Behaviour at home	
Other (smoking / vaping)	

Mental Health	Comment
Self-harm	
Suicidal thoughts/threats/ attempts	

Eating disorders	
Depression	
Anxiety / Panic Attacks	
Psychosis	
Hallucinations	
Hospital admissions **Ever sectioned, details**	
CP medicals / other	

E. Family History

Family Health (including psychiatric)	**Comment**		
Mother			
Father			
Substance misuse within the household	Yes ☐	No ☐	
Alcohol misuse within the household	Yes ☐	No ☐	
Domestic violence within the household			
Siblings			

F. Sexual History

(note who was present when taken) Asked to assist with interpretation of (forensic) findings 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 ☐ Yes ☐ No ☐ **Spermicide** Not known ☐ Yes ☐ No ☐

Lubricant Not known ☐ Yes ☐ No ☐ **Other** *(specify)* _____

If relevant, clarify types of intercourse _____

_____

_____

_____

_____

_____

_____

19. General Examination

Name(s) of person(s) present _____

_____

PPE worn _____

_____

Height and centile _____ **Weight and centile** _____

Head circumference and centile _____

Ethnicity _____

Fitzpatrick Skin Tone I: Ivory ☐ II: Beige ☐ III: Light Brown ☐
IV: Medium Brown ☐ V: Dark Brown ☐ VI: Very Dark Brown ☐

General appearance _____

_____

_____

_____

_____

Nails _____

_____

_____

_____

Teeth _____

_____

_____

_____

Cleanliness

Hair (last washed, last dyed)

Clothing, appropriate or not and detail if needed

Given age and appearance correspond

Demeanour/behaviour/interaction with carer and examiner, eye contact

Speech *(e.g., content, form, any slurring)*

Additional needs

Developmental disorders *(a brief developmental assessment should be done in a younger child)*

Right or left handed or ambidextrous

Injuries/scars/rash/gooseflesh (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)	Y / N	Y / N	
Teeth	Y / N	Y / N	
Neck	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	Tanner stage 1 / 2 / 3 / 4 / 5
Back	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 *e.g., Injection sites, signs of Non-Fatal Strangulation*			

Systems Examination

CVS	Pulse rate/character _____ BP _____ Cyanosis _____ Heart size _____ Heart sounds _____ Ankle oedema _____ Other _____ _____ _____ _____ _____
ENT	Drooling _____ Ears, external auditory meatus, tympanic membrane _____ Hearing: Renee and Weber if needed _____ Voice (hoarse) _____ Lymphadenopathy _____ Mouth including frenulum _____
RS	Trachea / Air entry / Percussion / Breath Sounds _____ Cough _____ _____ PEFR (if indicated) _____ Oxygen Saturation *(ONLY if indicated)* _____

Abdomen	Inspection_____ Distended Prominent Veins _____ Scars _____ Palpation _____ Tenderness_____ Guarding_____ Rebound _____ Liver _____ Kidneys _____ Spleen_____ Uterus_____ Auscultation-bowel sounds _____ Other _____ _____
Neurology	Pupil Size _____ Reaction to light _____ Accommodation_____ Nystagmus _____ Cranials _____ Speech (slurred, content) _____ Balance / ataxia _____ Tone _____ Power _____ Reflexes _____ Sensation _____

Musculoskeletal	Joints (swollen red, tender, hot, range of movement) _____ _____ _____ _____ _____ Motility _____ Back _____ Kyphosis _____ Scoliosis _____ _____ _____ _____ Disability _____ _____ Other _____ _____ _____

Additional Notes _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Genital and Anal Examination

☐ Colposcope ☐ Additional magnification

Encryption code_____

Position used

Knee-chest Yes ☐ No ☐ Supine Yes ☐ No ☐

Left lateral Yes ☐ No ☐

Mode of examination

Vulval separation Yes ☐ No ☐ Vulval traction Yes ☐ No ☐

Delineation of hymenal edges Yes ☐ No ☐ With what?_____

Speculum Yes ☐ No ☐ Size Large ☐ Medium ☐ Medium Long ☐ Small ☐ Virgin ☐

Foley catheter used Yes ☐ No ☐ Inflated with Air ☐ Water ☐

Amount of air/water_____

Batch number and expiry date of water _____

Lubricant used Yes ☐ No ☐ Make_____

Details of Female Genital findings (include injuries, fresh, healing and healed and any evidence of infection)

Mons pubis

Pubic hair *(Tanner stage 1 / 2 / 3 / 4 / 5 and description, e.g. shaved, cut)*

Clitoral hood

Clitoris

Urethra

Labia majora

Labia minora

Fossa Navicularis

Posterior fourchette

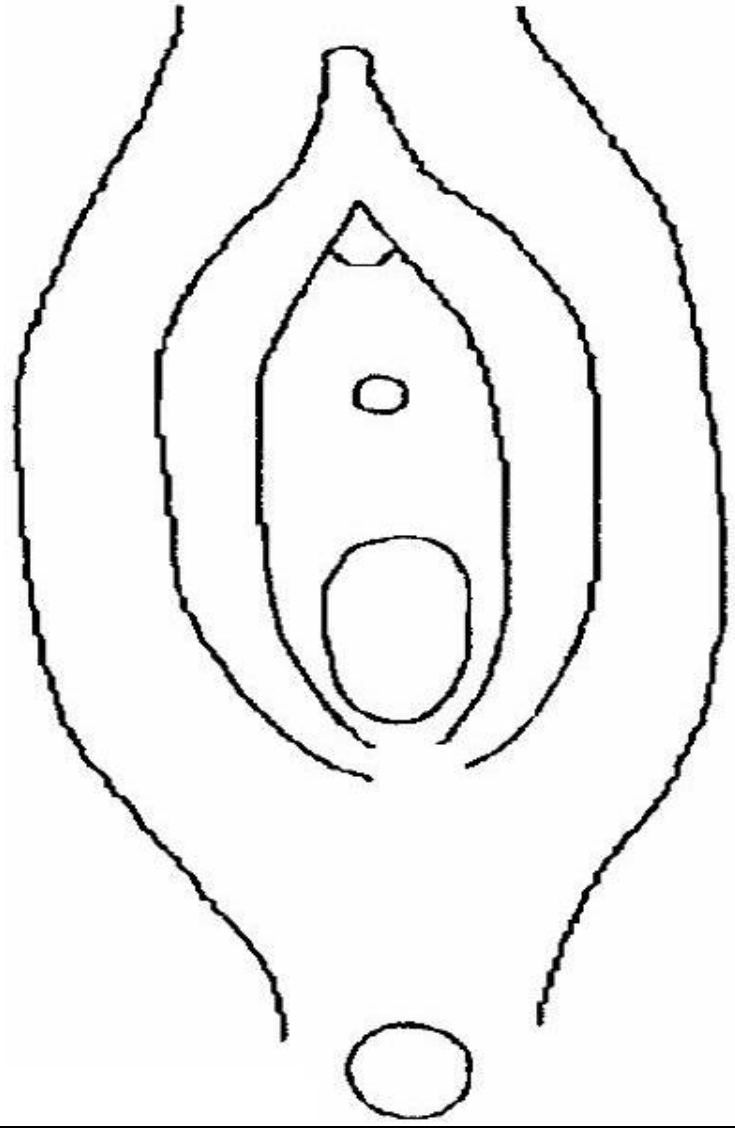
Hymen (diagram when indicated)

Fimbriated / annular / crescentic / other

Internal findings

Vaginal wall

Cervix

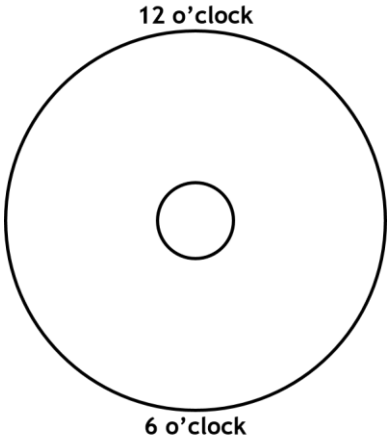


Details of Anal findings

Natal Cleft

Perianal / Anal margin

Internal findings



Was a digital rectal examination done?

Yes ☐ No ☐

Why?

Proctoscope used Yes ☐ No ☐

Size:

Sterile water used Yes ☐ No ☐ Batch Number _____ Expiry Date _____

Lubricant used Yes ☐ No ☐ Type:

Details of Male Genital Findings

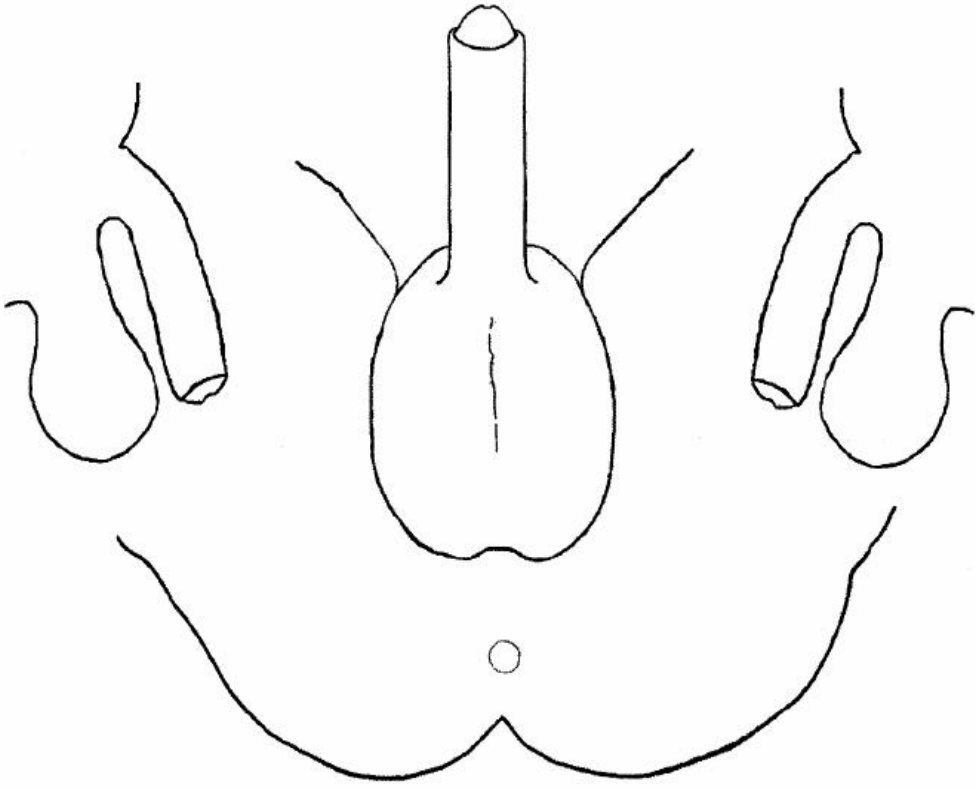
Pubic hair

Tanner 1 / 2 / 3 / 4 / 5

Scrotum

Testicles

Penile Shaft / Glans penis



Circumcised Yes ☐ No ☐

Forensic Samples *(do not complete if FME forms are used Proforma - Forensic Medical Examination Form - FFLM)*

Start time _____ **End time** _____

	Identification number	Location	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 _____

20. Medical Samples

List any samples obtained and record where samples are sent; these are not forensic samples, they are sexually transmitted disease screening, which may be done at base line; should be done at the appropriate interval post alleged/suspected assault; should be taken, given consent, at all historic/delayed reporting medicals. Triple site testing is recommended for all regardless of allegation.

Charcoal swabs

1.	**Throat**	Yes ☐	No ☐
2.	**Vulva/introitus**	Yes ☐	No ☐
3.	**LVS**	Yes ☐	No ☐
4.	**HVS**	Yes ☐	No ☐
5.	**Endocervical**	Yes ☐	No ☐
6.	**Perianal/anal**	Yes ☐	No ☐
7.	**Rectal**	Yes ☐	No ☐
8.	**Glans/meatus**	Yes ☐	No ☐
9.	**Other**	Yes ☐	No ☐

PCR swabs

10.	**Throat**	Yes ☐	No ☐
11.	**Urethral**	Yes ☐	No ☐
12.	**Vulva/introitus**	Yes ☐	No ☐
13.	**HVS**	Yes ☐	No ☐
14.	**Endocervical**	Yes ☐	No ☐
15.	**Perianal/anal**	Yes ☐	No ☐
16.	**Rectal**	Yes ☐	No ☐
17.	**Glans/meatus**	Yes ☐	No ☐
18.	**Other**	Yes ☐	No ☐

Viral swabs

19. **Site(s)**

Urine

20. **MS/C** Yes ☐ No ☐

21. **PCR** (specify what for i.e. chlamydia and gonorrhoea/trichomonas)

Blood

If too early for these, who will do them at the appropriate interval i.e. baseline (case dependent), 45 days, 3 months and, if high risk, Hepatitis B and C again 6 months post exposure? _____

22.	**Hepatitis B**	Yes ☐	No ☐
23.	**Hepatitis C**	Yes ☐	No ☐
24.	**Syphilis**	Yes ☐	No ☐
25.	**HIV**	Yes ☐	No ☐

Where the samples are to be taken _____

By whom _____

Chain of evidence Yes ☐ No ☐

Who is collecting the results? _____

How? _____

Who will give the results to the complainant/carer? _____

How? _____

Who will arrange follow-up / treatment if needed? _____

Additional Notes _____

21. Photo documentation

Photo documentation obtained Yes ☐ No ☐

List photo documentation obtained _____

_____

_____

_____

_____

_____

_____

_____

_____

Where stored _____

_____

Photo documentation encryption code _____

If not done, why _____

_____

_____

_____

_____

_____

_____

22. Conclusions / Advice Given to Police

_____

_____

_____

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_____

23. Confidential Medical Aftercare

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 ☐	Yes ☐	No ☐
Condom used throughout?	Not known ☐	Yes ☐	No ☐
Injuries resulting in mucosal breach	Yes ☐	No ☐	
Anal intercourse	Yes ☐	No ☐	
In contact with assailant's blood or semen	Yes ☐	No ☐	
Menstruating	Yes ☐	No ☐	
Multiple assailants	Yes ☐	No ☐	

Assailant details:

Sexuality	Not known ☐	Heterosexual ☐	Bisexual MSM WSW ☐
IVDU	Not known ☐	Yes ☐	No ☐
UK-born	Not known ☐	Yes ☐	No ☐
Foreign born	Not known ☐	Yes ☐	No ☐
Lived abroad	Not known ☐	Yes ☐	No ☐
Country	High risk ☐	Low risk ☐	
HIV status	Not known ☐	Negative ☐	Positive ☐

** semen in a healthy eye is no longer considered a risk. In an eye with disease such as conjunctivitis it is a risk.*

Ai. HIV PEP

According to BASHH guidelines HIV PEP is: **Not appropriate ☐** **To be considered ☐** **Recommended ☐**

Is child/young person:

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

(If yes to any of these, discuss with the paediatric Infectious Diseases consultant for under 16 or Infectious Diseases consultant for 16 and over and document outcome. This must be done at the time of the medical; there is no place for delay) _____

_____

_____

_____

Where PEP to be considered or recommended, use a starter pack dispensed in the SARC or refer if under 16 / low BMI / pregnant / breast feeding /comorbidities that complicate.

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 _____ Expiry Date _____

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

Patient info sheet given and contact if help needed Yes ☐ No ☐

Advised the patient regarding safe sex until completion of screening Yes ☐ Not appropriate ☐

Aii. Hep B PEP *if <13 years old, check dose in BNF or with appropriate expert*

According to BASHH guidelines Hep B PEP is: **Not appropriate ☐** **Recommended ☐**

Given_____ Yes ☐ No ☐

Batch number_____ Expiry date_____

Where and when are the next doses to be given?_____

Aiii. Chlamydia / Neisseria Gonorrhoea / Others *if <13 years old, check dose in BNF or with appropriate expert*

According to BASHH guidelines antibiotics are: **Not appropriate ☐** **To be considered ☐**

Where antibiotics are to be considered, refer to appropriate agency or use a starter pack dispensed in the SARC.

Antibiotics given Yes ☐ Declined ☐ Not available ☐

Name of antibiotics_____

Batch number_____ Expiry date_____

Dose _____

Patient info sheet given Yes ☐ No ☐

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

Details_____

_____

Aiv. Hepatitis C

In adults there is some evidence that after a high risk exposure from a known hepatitis C positive source if infection is detected, early treatment with direct antivirals may be effective[4]. There is no evidence for prophyaxis in children. However, if in doubt take advice for paediatric infectious diseases.

B. Emergency Contraception

Approaching Menarche Yes ☐ No ☐ **Post Menarchal** Yes ☐ No ☐

Pregnancy test at centre? Yes ☐ No ☐

Batch Number_____

Expiry Date _____

Result _____

LMP_____ **Hours post unprotected sexual intercourse (UPSI)** _____

Cycle length _____

Other unprotected sexual intercourse since LMP? _____

Contraception used? _____

Emergency contraceptive given: Yes ☐ No ☐ Declined ☐

Follow up advice Yes ☐ No ☐

Name_____ Batch Number _____ Expiry Date _____

Details_____

IUCD Considered ☐ Discussed ☐ Recommended ☐

Appointment date time and venue for IUCD _____

Oral EC given in case IUCD cannot be inserted _____

C. Self-Harm Risk

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

Further information / action _____

D. Suicide Risk

Any specific concerns arisen regarding imminent risk of suicide? Yes ☐ No ☐

Thoughts / Plans / Actions _____

Management _____

E. Referred for Follow-up/Aftercare to *(delete as applicable)*

Paediatrician _____

GP _____

Therapy, specify _____

Other support, specify _____

GUM _____

Advocate _____

F. Sharing of information

Child Protection report to be written by the examining Clinician and sent by secure email to:

GP _____

_____

Social Care _____

_____

Officer in the Case_____

_____

Designated/named paediatrician in area the child resides (for information only) _____

_____

Child and Adolescent Mental Health Services _____

_____

Other _____

_____

Notification by secure email to_____

School/nursery/college Safeguarding lead _____

Multi Agency Safeguarding Hub (MASH)_____

The MASH notification should be done in all cases whether they come with a social worker or not.

Health care action plan _____

_____

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This should be in the GP Child Protection report and also given to the patient / carer.

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

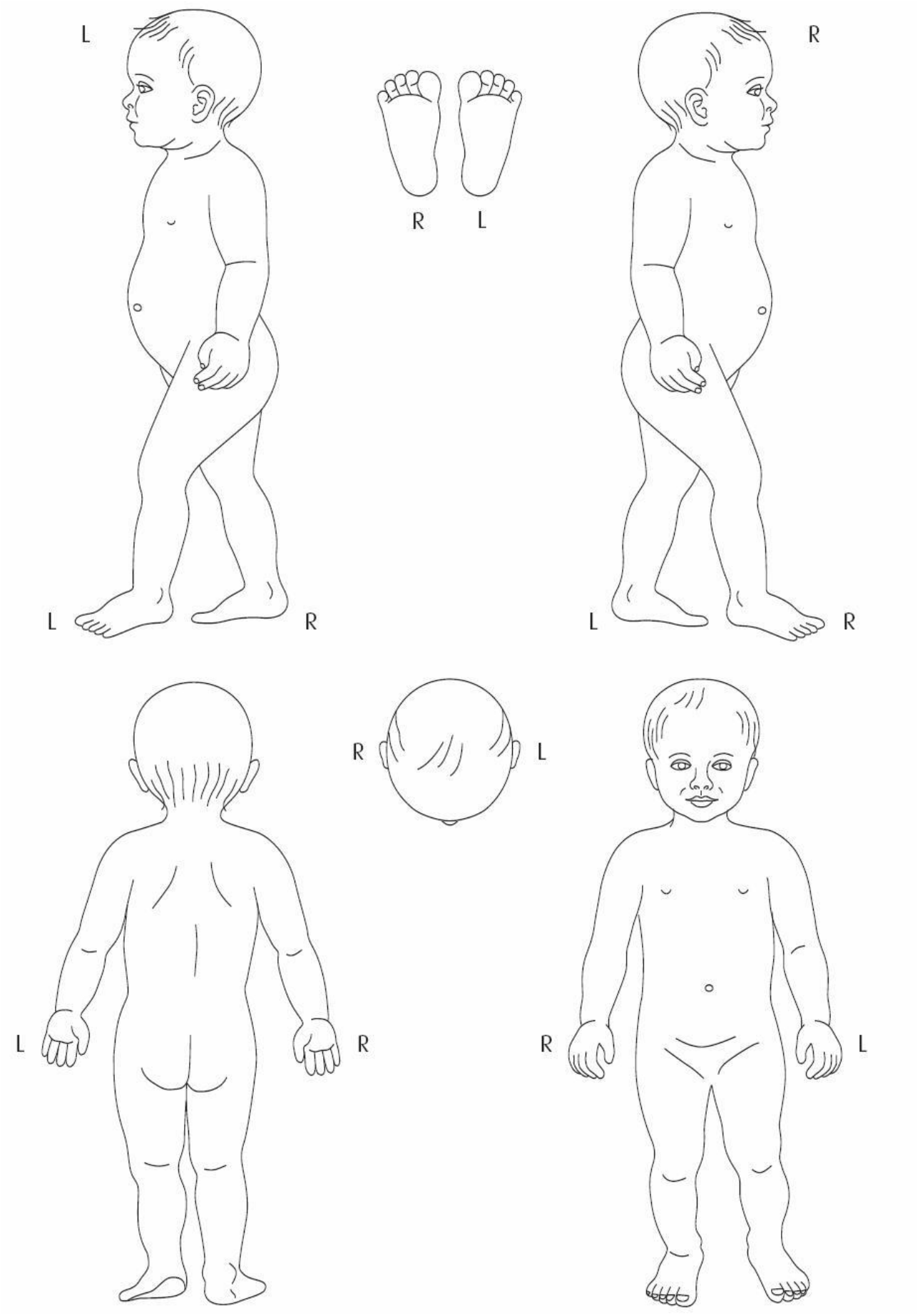
Additional Notes (use additional information page as required and tag to this form)

Time notes concluded _____

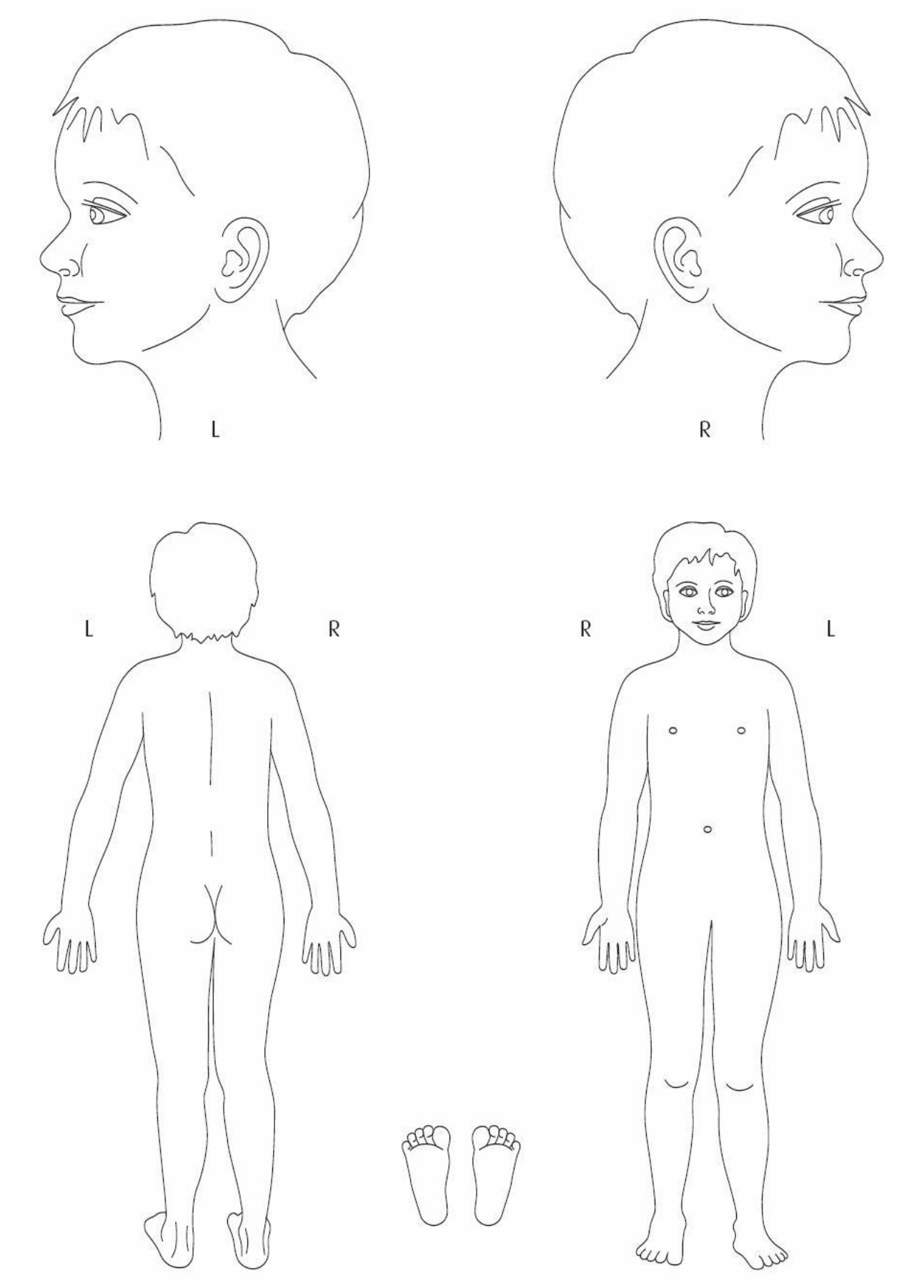
Signature of Clinician _____

GMC/NMC _____

Baby body diagrams



Child body diagrams



References

1. Service specifications for the clinical evaluation of children and young people who may have been sexually abused
   FFLM and RCPCH
   September 2015

2. The Physical Signs of Child Sexual Abuse an evidence based review and guidance for best practice
   AAP, FFLM, RCP, RCPCH
   May 2015 (update due to be published 2024)

3. Recommendations for the Collection of Forensic Specimens from Complainants and Suspects
   FFLM
   January 2024 (Updated biannually, in January and July)

4. BASHH National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People
   BASHH

5. Quality Standards for Clinicians Undertaking Paediatric Sexual Offence Medicine (PSOM)
   FFLM
   March 2021 (update due to be published 2024)

Dr Sheila Paul and Dr Marie-Elle Vooijs
On behalf of the Faculty of Forensic & Legal Medicine

Send any feedback and comments to forensic.medicine@fflm.ac.uk