

SAFE MEDICAL/FORENSIC EXAMINATION

ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN

3312 Hillcrest Dr., Waco, TX 76708
(254) 752-9330 FAX (254) 313-1155
Web site www.advocacycntr.org

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DATE SANE CALLED SANE ARRIVED

REPORT FROM

CHARGE NURSE

ATTENDING PROVIDER NP PA MD

LAW ENFORCEMENT POLICE SHERIFF

OFFICER BADGE

LE CASE # CONTACT #

CITY OR COUNTY ASSAULT OCCURED

CRIME VICTIMS SERV. REP. AT HOSP. YES NO

SANE (PRINTED NAME)

SANE (PRINTED NAME)

ADVOCATE (PRINTED NAME)

TRAINING ADVOCATE (PRINTED NAME)

DATE OF ASSAULT OUTCRY MADE TO

ASSAILANTS NAME #1 AGE ETHNICITY

HOW DO YOU KNOW ASSAILANT?

ASSAILANTS NAME #2 AGE ETHNICITY

HOW DO YOU KNOW ASSAILANT?

ASSAILANTS NAME #3 AGE ETHNICITY

HOW DO YOU KNOW ASSAILANT?

ASSAILANTS NAME #4 AGE ETHNICITY

HOW DO YOU KNOW ASSAILANT?

NOTE: IF PARENT OR GUARDIAN IS NOT AVAILABLE FOR SIGNATURE, A CHILD MAY BE EXAMINED FOR SEXUAL ABUSE UNDER THE TEXAS FAMILY CODE

CLIENT NAME DATE OF BIRTH AGE SEX F

STREET ADDRESS

CITY COUNTY State Zip

SOCIAL SECURITY NO.

ETHNICITY WHITE BLACK HISPANIC ASIAN NATIVE AMERICAN OTHER

ARRIVED BY PRIVATE CAR AMBULANCE LAW ENFORCEMENT OTHER

PARENT OR GUARDIAN RELATIONSHIP

FRIEND OR RELATIVE AT HOSPITAL

I GIVE MY PERMISSION FOR THE ADVOCACY CENTER FOR CRIME VICTIM AND CHILDREN AND

HOSPITAL OR ANY OF ITS REPRESENTATIVES, TO CONTACT ME REGARDING THIS EXAM, BILLING, OR ANY SERVICES OFFERED OR GIVEN TO ME/ MY CHILD BY:

LETTER PHONE

PREFERRED PHONE NUMBER

OTHER CONTACT PHONE NUMBERS

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CONSENT FOR EXAM

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I REQUEST A SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATION, TREATMENT AND COLLECTION OF EVIDENCE WITH RELEASE OF MEDICAL RECORDS (INCLUDING SANE EXAM) TO LAW ENFORCEMENT. I AUTHORIZE Mickie Dye RN, CA/CP SANE

REPRESENTATIVE OF HOSPITAL AND THE ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN TO PERFORM A MEDICAL FORENSIC EXAMINATION, GIVE TREATMENT AND COLLECT EVIDENCE FOR MYSELF/ MY CHILD. I UNDERSTAND THIS REPORT (INCLUDING THE EMERGENCY DEPARTMENT REPORT, THE SANE REPORT, ANY MEDICATIONS ADMINISTERED, AND ANY TREATMENT RECEIVED OR ANY LAB TEST RESULTS) WILL BE RELEASED ACCORDING TO LEGAL STATUTES OR OTHER OBLIGATION OF LAW AND OF MEDICAL PRACTICE TO

TEXAS DPS CRIME LABORATORY, THE DISTRICT ATTORNEY'S OFFICE, THE ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN, THE SANE AND THIS HOSPITAL.

ALSO, MAY BE RELEASED TO [] CHILD PROTECTIVE SERVICES [] ADULT PROTECTIVE SERVICES

NRSA

[]

I REQUEST A SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATION, TREATMENT, AND COLLECTION OF EVIDENCE HOWEVER, AS AN ADULT, I HAVE CHOSEN NOT TO REPORT TO LAW ENFORCEMENT AT THIS TIME. I AUTHORIZE Mickie Dye RN, CA/CP SANE RN, SANE, A REPRESENTATIVE OF

HOSPITAL AND THE ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN TO PERFORM A MEDICAL FORENSIC EXAMINATION, GIVE TREATMENT FOR AND COLLECT EVIDENCE I UNDERSTAND THIS REPORT (INCLUDING THE EMERGENCY DEPARTMENT REPORT, THE SANE REPORT, ANY MEDICATIONS ADMINISTERED, AND ANY TREATMENT RECEIVED OR ANY LAB TEST RESULTS) AND ANY EVIDENCE COLLECTED WILL NOT BE RELEASED AT THIS TIME TO LAW ENFORCEMENT. THE UNOPENED SEALED KIT WILL BE HELD FOR UP TO 2 YEARS BY THE TEXAS DPS CRIME LABS. IT WILL ONLY BE RELEASED UPON MY REQUEST. THE REPORT AND ALL MEDICAL RECORDS PERTAINING TO THIS EXAM WILL BE HELD, PER PROTOCOL, BY THE ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN, THE SANE, AND THIS HOSPITAL. I RELEASE THE ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN, THIS HOSPITAL, ANY AGENTS OR REPRESENTATVES FROM LEGAL RESPONSIBILITY OR LIABILITY FOR THE RELEASE OF THIS INFORMATION UPONS MY REQUEST TO LAW ENFORCEMENT

UNDERSTANDING OF RIGHT TO WITHDRAW CONSENT DURING EXAM

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I, A CLIENT OF 16 YEARS OF AGE OR OLDER, UNDERSTAND THAT I MAY WITHDRAW MY CONSENT AT ANY TIME FOR ALL OR ANY PORTION OF, MY MEDICAL/ FORENSIC EXAMINATION. I MAY DECIDE TO NOT COMPLETE THE EXAM OR HAVE ANY OF THE EVIDENCE RELEASED. I UNDERSTAND THAT NO MATTER MY DECISION, I WILL RETAIN THE OPTION OF RECEIVING A MEDCAL EXAMINATION BY EMERGENCY DEPARTMENT STAFF

CRIME VICTIMS COMPENSATION

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I HAVE BEEN INFORMED THAT VICTIMS OF CRIME MAY SUBMIT CRIME VICTIMS COMPENSATION CLAIMS TO THE TEXAS STATE ATTORNEY GENERAL'S OFFICE (AOG) FOR REIMBURSEMENT FOR CERTAIN OUT-OF-POCKET EXPENSES, (SUCH AS REPLACEMENT OF CLOTHES TAKEN AS EVIDENCE, MEDICATIONS OR MEDICAL TREATMENT, LOSE OF WAGES, PSYCHOLOGICAL COUNSELING EXPENSES, MOVING EXPENSES, ECT.) COSTS INCURRED AS A RESULT OF BEING A VICTIM OF AN ASSAULT OR OTHER CRIME

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I UNDERSTAND THAT I WILL NOT BE REQUIRED TO PAY FOR THE FORENSIC PORTION OF THIS EXAM. I UNDERTAND THAT LAW ENFORCEMENT IN THE JURISDICTION TO WHICH I WANT MY INFORMATION RELEASED OR THE TEXAS DEPARTMENT OF PUBLIC SAFETY (IN THE EVENT THAT I DO NOT WANT TO REPORT TO A LAW ENFORCEMENT AGENCY AT THIS TIME) WILL PAY FOR THE FORENSIC PORTION OF THIS EXAMINATION AND FOR THE EVIDENCE COLLECTION KIT. THE LAW ENFORCEMENT AGENCY WILL BE REIMBURSED BY THE OAG AS PER CRIME VICTIMS SERVICES PROTOCOL. I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING THE MEDICAL COST SUCH AS MEDICATIONS AND TREATMENTS RECEIVED TODAY. REIMBURSEMENT FOR THE COST OF THE MEDICAL PORTION OF THE EXAMINATION, AND OTHER COST RELATED TO THIS ASSAULT MAY BE APPLIED FOR BY THE VICTIM THROUGH CRIME VICTMS COMPENSATION AT THE OFF IF THE ATTORNEY GENERAL

REPORT RELEASE, INCLUDING PHOTOGRAPHIC OR DIGITAL IMAGES

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I GIVE PERMISSION FOR PHOTOGRAPHIC OR DIGITAL IMAGES OF BODY INJURIES INCLUDING GENITAL AREAS TO BE TAKEN AS PART OF EVIDENCE COLLECTION. I UNDERSTAND THAT THESE IMAGES MAY BE RELEASED TO LAW ENFORCEMENT, PROSECUTORS, AND/OR DEFENSE ATTORNEYS WHEN SUBPOENAED, AND MAY BE USED IN COURT. I UNDERSTAND THAT THESE IMAGES WILL BE KEPT CONFIDENTIAL BY THE SANE AND THIS HOSPITAL AND WILL NEVER BE PUT UNSECURELY ONLINE BY HOSPITAL STAFF OR SANE.

I UNDERSTAND THAT DATA AND IMAGES FROM THIS EXAM WITHOUT PATIENT IDENTITY MAY BE COLLECTED FROM THIS REPORT FOR HEALTH AND FORENSIC PURPOSES AND PROVIDED TO HEALTH AUTHORITIES AND OTHER QUALIFIED PERSONS WITH VALID EDUCATIONAL OR SCIENTIFIC INTEREST FOR DEMOGRAPHIC AND/OR EPIDEMIOLOGICAL STUDIES

PERMISSIONS FOR ADVOCATES FAMILY/FRIENDS

- I GIVE PERMISSION FOR THE SPECIALLY TRAINED CRISIS ADVOCATE TO BE IN THE EXAM ROOM DURING THE EXAM.
- I GIVE PERMISSION FOR THE CRISIS ADVOCATE TRAINEE TO BE IN THE EXAM ROM TO OBSERVE AND LEARN HOW TO BE OF ASSISTANCE TO A VICTIM OF SEXUAL ASSAULT DURING AN EXAM.
- I UNDERSTAND THAT FAMILY MEMBERS AND /OR FRIENDS ARE NOT ALLOWED IN THE EXAM ROOM DURING SEXUAL ASSAULTS EXAMINATIONS

PERMISSION FOR NURSE EXAMINERS TO ATTEND EXAM AND/OR INTERPRETERS

- I GIVE PERMISSION FOR THE SEXUAL ASSAULT NURSE EXAMINER-IN- TRAINING, A PROFESSIONAL RN WHO IS RECEIVIG FURTHER EDUCATION IN SEXUAL ASSAULT EXAMINATION PROTOCOLS, TO OBSERVE AND PARTICIPATE IN CONDUCTING THE SEXUAL ASSAULT EXAM
- I GIVE PERMISSION FOR AN INTERPRETER TO BE IN THE EXAM ROM, OR TO INTERPRET OVER THE PHONE OR SECURED VIDEO CHAT DURING THE EXAMINATION. THIS INTERPRETER WILL ASSIST IN COMMUNICATION BETWEEN CLIENT, THE SANE NURSE, THE CRISIS ADVOCATE AND OTHER MEDICAL PERSONEL AS REQUIRED

SIGNATURE OF MINOR CLIENT-16 OR 17 YEARS OF AGE _____

SIGNATURE ADULT CLIENT OR PARENT/ GUARDIAN _____

SIGNATURE OF WITNESS _____ DATE _____

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I UNDERSTAND THAT MY/ MY CHILD'S INFORMATION WILL BE DISCUSSED AND USED BY POLICE, DA, MEDICAL PERSONNEL, CASE MANAGERS, AND OTHERS ON SEXUAL ASSAULT RESPONSE TEAM AND MULTI-DISCIPLINARY TEAM IN MEETINGS THAT MANAGE, REVIEW, STAFF AND TRACE MY/MY CHILD'S SEXUAL ASSAULT CASE. I ALSO UNDERSTAND MY INFORMATION MAY BE USED BY THESE TEAMS IN MEETINGS

YOU MAY DISCUSS AND USE ALL INFORMATION WITH ALL THE TEAMS WITH THE FOLLOWING EXCEPTIONS

SIGNATURE ADULT CLIENT OR PARENT/ GUARDIAN

SIGNATURE OF MINOR CLIENT-16 OR 17 YEARS OF AGE

SIGNATURE OF WITNESS

DATE

LABORATORY REQUEST (same)

PLEASE CALL WITH RESULTS TO SEXUAL ASSAULT FORENSIC EXAMINER (SAFE)

BAYLOR SCOTT AND WHITE, HILLCREST ER ROOM 38 PHONE # 29138

PROVIDENCE HEALTHCARE CENTER 3 SOUTH, SAFE ROOM PHONE # 3549

ORDERING PROVIDER Mickie Dye RN, CA/CP SANE

Checked items are recommended by SANE & approved by C.

NURSE SIGNATURE _____

RN, CA SAFE, CP SAFE

URINE:

- STAT HGC URINE PREGNANCY TEST
- URINE ANALYSIS
- URINE DRUG SCREEN
- PCR DNA GC (N. GONORRHEA)/(BS&W)
- PCR DNA CHLAMYDIA (CHLAMYDIA TRACHOMATIS) (BS&W)
- URINE NAAT GONORRHEA/ CHLAMYDIA (PROV.)

NOTE IF DATE RAPE DRUGS ARE SUSPECTED HAVE SAMPLE SPLIT TO SEND TUBE TO TXDPS CRIME LAB

BLOOD:

- STAT QUALITATIVE HCG SERUM PREGANANCY TEST (BLOOD IN RED TOP TUBE)
- BLOOD ALCOHOL SCREEN (BLOOD IN RED TOP TUBE)
- HIV (BLOOD IN YELLOW TOP TUBE)
- SERUM SYPHILIS RPR
- CBC
- BUN/CREATINE
- HEPATITIS PANEL
- OTHER _____

needed if they get HIV prophylaxis

*If not checked here, ER prob. did it
Lab results are in hospital records*

SWABS:

CHOOSE ALL OBTAINED: VAGINAL URETHRAL ANAL

THROAT OTHER _____

PCR DNA GC (N. GONORRHEA) CHLYAMYDIA (CHLAMYDIA TRACHOMATIS)

CHOOSE ALL OBTAINED: VAGINAL URETHRAL

ANAL THROAT OTHER _____

- CULTURE
- OTHER (LIST)
- OTHER (LIST)
- OTHER (LIST)
- OTHER (LIST)

SPECIMEN OBTAINED

- BY PRIMARY NURSE PRIOR TO ARRIVAL OF SAFE
- UPON REQUEST OF SAFE
- BY SAFE IN EXAM ROOM

DATE / OBTAINED: _____

I GIVE PERMISSION TO HAVE MY OR MY CHILD'S BLOOD DRAWN AND TESTED OR URINE COLLECTED AND TESTED TO DETERMINE PREGNANCY AND/OR FOR DNA ANALYSIS AND/OR TO DETECT INFECTION OR DISEASE

DATE _____

CLIENT'S SIGNATURE OR SIGNATURE OF PARENT OR GUARDIAN _____

I GIVE PERMISSION TO HAVE MY OR MY CHILD'S BLOOD AND/OR URINE TO BE TESTED FOR DRUGS, ALCOHOL OR TOXIC SUBSTANCES

DATE _____

CLIENT'S SIGNATURE OR SIGNATURE OF PARENT OR GUARDIAN _____

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**SEXUAL ASSAULT FORENSIC EXAMINER (same)
DISCHARGE SUMMARY LABORATORY REQUEST AND MEDICATIONS**

**THIS IS NOT AN ORDER FORM
FINAL MEDICATION ORDERS MUST BE SUBMITTED BY ED PHYSICIAN**

NOTE: A NEGATIVE PREGANCY TEST SHOULD BE COMFIRMED PRIOR TO ADMINISTRATION OF ANY MEDICATIONS**

THE FOLLOWING IS A LIST OF AFTERCARE INSTRUCTIONS AND INFORMATIN REGARDING ANY TREATMENT PRESCRIBED. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE MEDICAL DIRECTOR OR SAFE COORDINATOR AT THE ADVACY CENTER FOR CRIME VICTIMS AND CHILDREN AT (254) 752-9330.

COUNSELING AND CASE MANAGEMENT

CALL THE ADVOCACY CENTER AT (254)752-9330 EXT 100 THE NEXT BUSINESS DAY TO ARRANGE FOLLOW-UP COUNSELING AND CASE MANAGEMENT.

FOLLOW-UP

SCHEDULE A FOLLOW-UP **MEDICAL** APPOINTMENT WITH YOUR PRIMARY CARE PROVIDER, PLANNED PARENTHOOD (254) 759-5750, FAMILY MEDICINE CENTER (254) 313-4213 OR THE MCLENNAN COUNTY HEALTH DEPARTMENT (254) 750-5450 TO BE EXAMINED AND OR TREATED FOR THE POTENTIAL DEVELOPMENT OF SEXUALL TRANSMITED INFECTIONS. VIRAL INFECTIONS CANNOT BE PREVENTED OR TREATED BY ANTIBIOTICS.

SEXUALLY TRANSMITTED INFECTION PREVENTION MEDICATIONS (PER CDC RECOMMENDATION)

- CETRIAXONE 250 MG IM – GONORRHEA
- AZITHROMYCIN 1 GM PO – CHLAMYDIA

ADDITIONAL TREATMENT AS NEEDED

- METRONIDAZOLE 2 GM PO – TRICHOMONAS
- FLUCONAZOLE 150 MG PO -VAGINAL CANDIDIASIS
- OTHER

HIV PREVENTION MEDICATIONS

(INITIATE ONE DOSE IN ED AND FOLOW-UP WITH FHC)

- TRUVADA SIG:1 PO/DAY FOR 28 DAYS
- TIVICAY50mg/DAY FOR 28 DAYS
- ISENTRESS 400mg bid FOR 28 DAYS

NOTE: IF HIV REACTIVE TEST IS POSITIVE DO NOT OFFER nPEP

EMERGENCY CONTRACEPTION (PLAN B- MORNING AFTER)

- LEVONORGETREL 1.5 MG PO

IF NOT AVAILABLE AT PHARMACY MAY BE PURCHASED OVER THE COUNTER AT LOCAL PHARMACY

I HAVE READ AND UNDERSTAND THESE INSTRUCTIONS AND HAVE RECEIVED A COPY

CLIENT'S SIGNATURE _____

WITNESS SIGNATURE _____ DATE _____

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MEDICAL/ FORENSIC EXAM START _____ HOURS AFTER ASSAULT _____

REASON FOR POSSIBLE DELAY _____

PERTINENT MEDICAL HISTORY

PAIN LEVEL _____ DURATION _____ LOCATION _____

PAST MEDICAL HISTORY

ALLERGIES

MEDICATIONS

PATIENT WEIGHT _____ LBS. _____ KG

INJURIES PRIOR TO ASSAULT

ASSAULT

ASSAULT LOCATION _____

CLOTHING SAME WORN DURING ASSAULT YES NO

IF NO, STATUS OF CLOTHING _____

PAIN LEVEL DURING OR AFTER ASSAULT _____

LOCATION OF PAIN _____

BLEEDING NOTED VAGINAL ANAL OTHER _____

CURRENT MEDICAL HISTORY OF ASSAULT _____

TELL ME WHAT HAPPENED

MEDICAL HISTORY PERI ASSAULT

MEMORY LOSS AT TIME OF ASSAULT OR IMMEDIATELY AFTER? YES NO SUSPECTED CAUSE _____

ALCOHOL CONSUMPTION 12 HRS PRIOR? YES NO

PRESCRIPTION MEDICATIONS, OTC DRUGS, OR ILLEGAL DRUG CONSUMPTION THAT COULD IMPAIR THINKING OR MEMORY?

YES NO _____

CONSUMPTION OF DRUGS OR ALCOHOL AFTER ASSAULT BUT PRIOR TO EXAM? YES NO _____

DRUG OR ALCOHOL GIVEN WHILE INCAPACITATED OR DISTRACTED? YES NO SUSPECTED UNSURE NA

FORCED OR COERCED CONSUMPTION OF DRUGS OR ALCOHOL? YES NO SUSPECTED UNSURE NA

ASSAULT

FRIGHTENED? YES NO

STATEMENT BY ASSAILANT THAT CAUSED FEAR: _____

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FEELING OF BEING THREATENED? YES NO

WEAPON PRESENT? _____

HISTORY OF STRANGULATION? YES NO

(STRANGULATION TOOL COMPLETION REQUIRED IF YES)

HISTORY OF PREVIOUS SEXUAL ASSAULT

HAS THIS EVER HAPPENED BEFORE ? YES NO

ASSAILANT NAME: _____ AGE: _____

RELATIONSHIP TO ASSAILANT _____

AGE AT TIME OF ASSAULT _____ YEAR OF ASSAULT _____

WHAT HAPPENED

LOCATION CITY _____ LOCATION STATE _____

DID YOU REPORT THE ASSAULT TO ANYONE? YES NO

WAS ASSAILANT ARRESTED AND/OR PUNISHED? YES NO

SEXUAL ASSAULT EXAM COMPLETED? YES NO

EXAMINATION BY MEDICAL PERSON? YES NO

COUNSELING OR HELP RECEIVED? YES NO

SEXUAL CONTACT

SEXUAL CONTACT IN THE PAST WEEK? YES NO

ETHNICITY OF SEXUAL PARTNER _____

IF YES PLEASE INDICATE ALL THAT APPLY

ANAL DATE _____ VAGINAL DATE _____ ORAL (WITHIN 24 HOURS) YES NO
CONDOM? YES NO CONDOM? YES NO CONDOM? YES NO

MEDICAL HISTORY FEMALE

LAST MENSTRUAL PERIOD _____ PREGNANT? YES NO UNSURE

USE TAMPONS YES NO BIRTH CONTROL YES NO

CURRENT CONTRACEPTION BC PILLS BC SHOT IMPLANT IUD TUBAL RING CONDOM

HYSTERECTOMY DATE _____ TUBAL LIGATION DATE _____

MISCARIAGE OR ABORTIONS YES NO PARA _____ GRAVIDA _____

MEDICAL HISTORY MALE OR FEMALE

RECENT (60 DAYS) ANAL OR GENITAL INJURIES, SURGERIES OR DIAGNOSTIC PROCEDURES THAT MAY APPEAR AS INJURY

BLEEDING DISORDERS OR CONDITIONS THAT CAUSE SKIN DISCOLORATION OR EASY BRUISING

CONDITIONS THAT CAUSE SLOW HEALING _____

POST ASSAULT HYGEINE

URINATED YES NO NUMBER TIMES _____

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DEFECATED (POOP)	<input type="radio"/> YES	<input type="radio"/> NO	NUMBER TIMES _____
WASH / WIPE GENITALIA	<input type="radio"/> YES	<input type="radio"/> NO	
DOUCHE	<input type="radio"/> YES	<input type="radio"/> NO	
REMOVE TAMPON OR DIAPHRAGM	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
SHOWER	<input type="radio"/> YES	<input type="radio"/> NO	
BATH	<input type="radio"/> YES	<input type="radio"/> NO	
BRUSH TEETH	<input type="radio"/> YES	<input type="radio"/> NO	
CHEW GUM	<input type="radio"/> YES	<input type="radio"/> NO	
SMOKE	<input type="radio"/> YES	<input type="radio"/> NO	
CHEW TOBACCO	<input type="radio"/> YES	<input type="radio"/> NO	
EAT OR DRINK	<input type="radio"/> YES	<input type="radio"/> NO	

DID ASSAILANT USE

FOAM	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOT SURE
JELLY	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOT SURE
LUBRICANT	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOT SURE
CONDOM	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOT SURE

MALE ASSAULT

TOUCHING OF PENIS OR SCROTUM BY ASSAILANT

OVER CLOTHES	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
UNDER CLOTHES	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE

FEMALE ASSAULT

TOUCHING OVER THE SURFACE OF FEMALE ORGAN

OVER CLOTHES	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
UNDER CLOTHES	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE

PENETRATION (BEYOND LABIA MAJORA) BY

FINGER	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
PENIS	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
ORAL	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
OBJECT	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE

MALE OR FEMALE ASSAULT

PENETRATION OF ANUS BY

FINGER	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
PENIS	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
ORAL	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
OBJECT	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE

COPULATION OF GENITALS OF

PATIENT BY ASSAILANT	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> ATTEMPTED	<input type="radio"/> NOT SURE
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ASSAILANT BY PATIENT

YES NO ATTEMPTED NOT SURE

DID EJACULATION OCCUR?

YES NO ATTEMPTED NOT SURE

LOCATION IF YES SELECT ALL THAT APPLY (SEE DIAGRAMS)

MOUTH VAGINA ANUS BODY BED OTHER

LIST

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Time _____

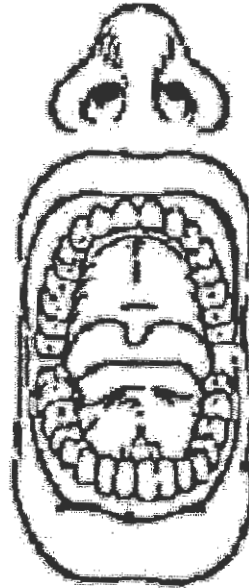
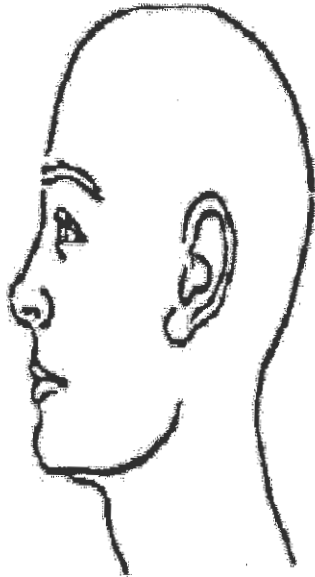
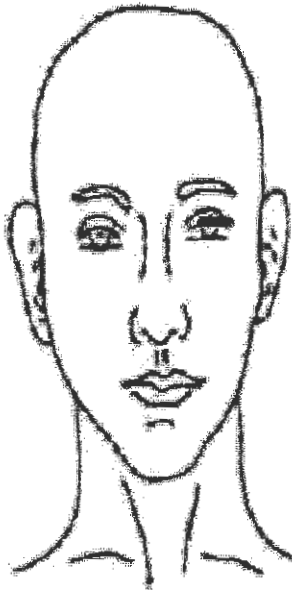
VITAL SIGNS _____

RESPIRATIONS _____

PULSE _____

B/P _____

PAIN _____



ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN

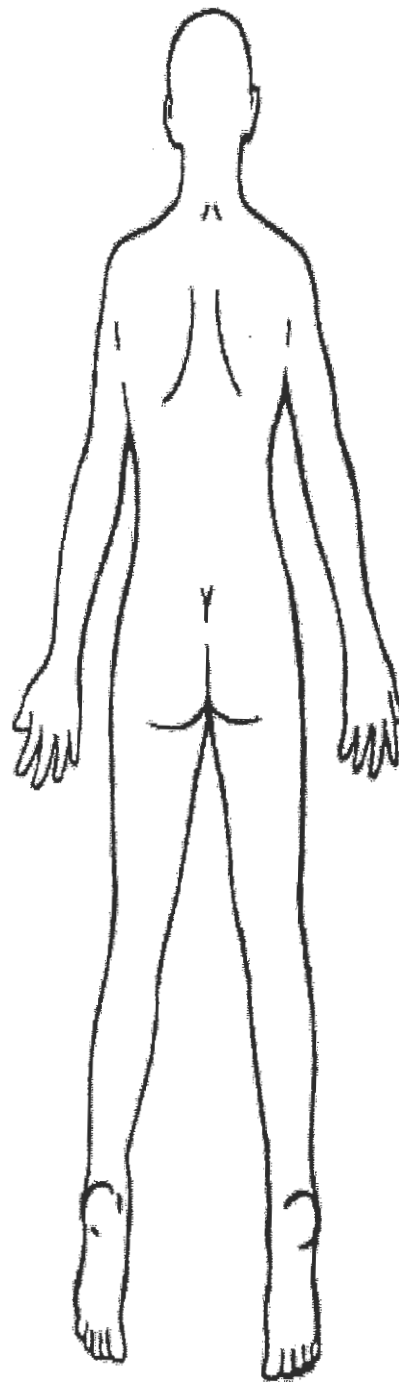
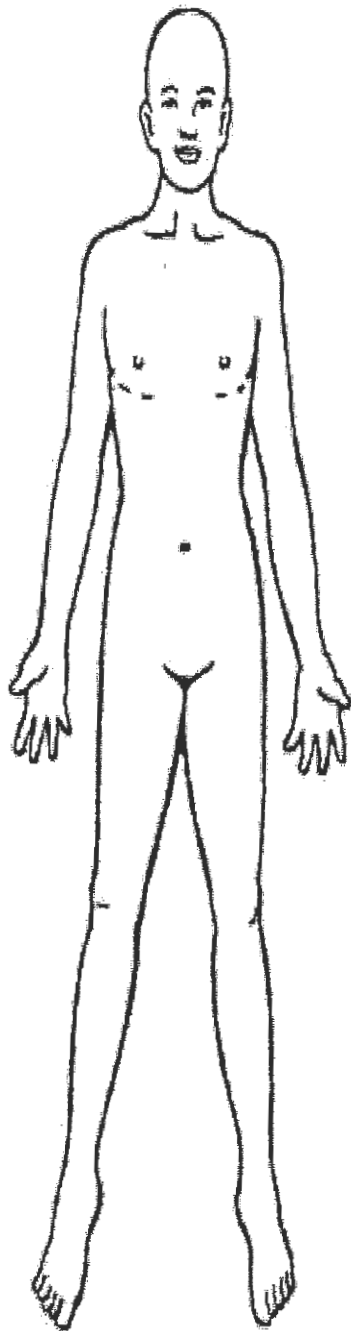
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LEGEND: TYPES OF FINDINGS

AB=Abrasion	CT=Contusion(bruise)	F/H=Fiber/Hair	MS=Moist Secretion	PE=Petechiae	TB=Toluidine Blue
ALS = Alternate Light Source	DE=Debris	FB=Foreign Body	NH= No History	PS=Potential Saliva	TE=Tenderness
BI = Bite	DF=Deformity	IN=Induration	OF=Other Foreign Materials (Describe)	SHX=Sample Per History	V/S=Vegetation/Soil
BU = Burn	DS=Dry Secretion	IW=Incised Wound	OI=Other Injury (Describe)	SI=Suction Injury	
CS = Control Swab	ER=Erythema (Redness)	LA=Laceration		SW=Swelling	

ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN

SAFE MEDICAL/FORENSIC EXAMINATION

3312 HILLCREST Dr.
 WACO, TX 76708
 (254) 752 9330 FAX (254) 313-1155
 WEB SITE www.advocacycntr.org

9 REVISED 11/19/2018

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BODY SURFACE

VISIBLE INJURIES? YES NO

VISIBLE INJURIES TO BODY SURFACE (list)

AREAS WITH PAIN AND NO VISIBLE INJURY (list)

ADDITIONAL AREAS SWABBED FOR EVIDENCE (list)

PRESENCE OF DEBRIS? YES NO

ADDITIONAL NOTES

ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN

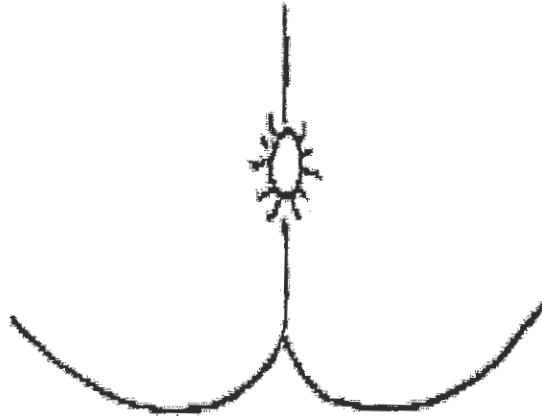
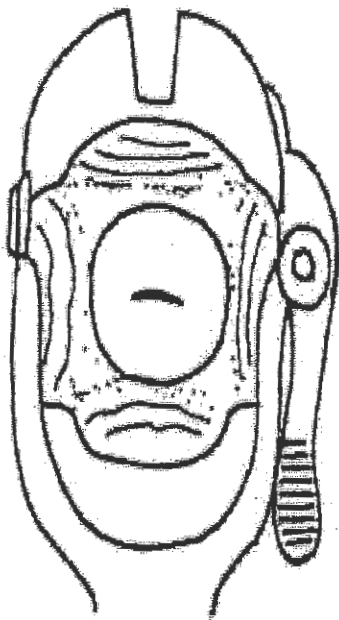
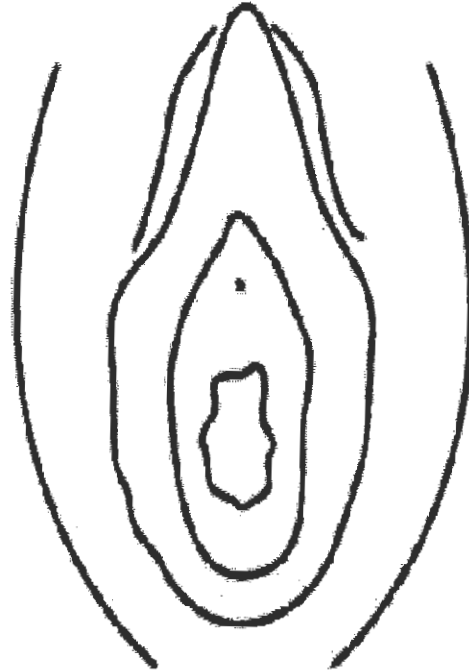
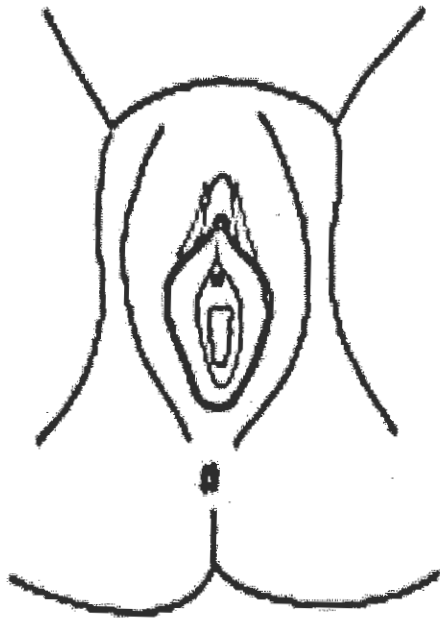
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LEGEND: TYPES OF FINDINGS

AB=Abrasion	CT=Contusion(bruise)	F/H=Fiber/Hair	MS=Moist Secretion	PE=Petechieae	TB=Toluidine Blue
ALS = Alternate Light Source	DE=Debris	FB=Foreign Body	NH= No History	PS=Potential Saliva	TE=Tenderness
BI = Bite	DF=Deformity	IN=Induration	OF=Other Foreign Materials (Describe)	SHX=Sample Per History	V/S=Vegetation/Soil
BU = Burn	DS=Dry Secretion	IW=Incised Wound	OI=Other Injury (Describe)	SI=Suction Injury	
CS = Control Swab	ER=Erythema (Redness)	LA=Laceration		SW=Swelling	

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FEMALE ANAL GENITAL EXAM

TANNER STAGE 1 2 3 4 5

POSITION DURING EXAM SIDE LYING FROG LEG SUPINE LITHOTOMY PRONE KNEE CHEST OTHER _____

COTTON SWABBED USED TO SEPARATE FOLDS OF HYMENAL TISSUE? YES NO

SPECULUM USED TO VISUALIZE INTERNAL STRUCTURES? YES NO

TAMPON IN VAGINA? YES NO

FOREIGN MATTER IN VAGINA? YES NO

VAGINAL DISCHARGE? YES NO

COLOR _____

CONSISTENCY WATERY THIN FROTHY CLUMPY THICK COTTAGE CHEESE LIKE STICKY/VISCOUS

QUANTITY SCANT MODERATE COPIOUS

MAL-ODOROUS? YES NO

BLOOD? YES NO

MENSTRUAL BLOOD? YES NO POSSIBLY

COLCSCOPE CAMERA PHOTOGRAPH CAMERA USED FOR:

ANUS YES NO

FEMALE SEX ORGAN YES NO

TAMPON IN VAGINA? YES NO

OTHER AREAS _____

REASONS NOT USED _____

PAIN DURING EXAM YES NO LEVEL _____ LOCATION _____

ANAL/ GENITAL INJURIES

INJURIES VISUALIZED YES NO

LABIA MAJORA _____

LABIA MINORA _____

POSTERIOR FOURCHETTE _____

URETHRA _____

HYMEN _____

MORPHOLOGICAL APPEARANCE

CRESENCENTIC ANNULAR ABSENT SEPTATE FIMBRIATED REDUNDANT/MULTIFOLDED OTHER _____

VAGINA _____

CERVIX _____

PERINEUM _____

ANUS _____

ANOSCOPE USED? YES NO

AREAS WITH PAIN AND NO VISIBLE INJURY (list)

SPONTANEOUS INFORMATION GIVEN DURING EXAM

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CLIENT'S AFFECT

BEFORE EXAM

DURING ORAL HISTORY

DURING PHYSICAL EXAM

DURING GENITAL EXAM

Some Examples: Anxious, Angry, Frustrated, Worried about....., Talkative, Rapid Talking, Slow Talking, Inquisitive, Interested in exam, Quiet, Detached, Oriented, Disoriented, Good Historian, Confused/confusing, Difficult to understand, Loud, Rebellious, Pushy, Argumentative, Complaining, Easily distracted, Unable to stay focused, Non-Compliant, Compliant, Crying, Continuously crying, Intermittently crying, Loudly crying, Softly crying, Silent crying, Playful, Easily amused, Hyperactive, Intelligent, Below age level, Unable to respond, Developmentally delayed, Disabled, Asleep, Sleepy, Cold, Etc.

CLIENT'S APPEARANCE

Some Examples: Clean, Well nourished, Over Weight, Under Weight, Pale, Flushed, Bloody, Disheveled, Neatly dressed, Torn clothes, Lots of debris in hair, Shoes missing, Dirty feet, Broken Bones, Hair pulled out, Broken fingernails, Complains of headache or other pain, Balled up, Holding head, Splinting side, On the phone, Hiding under covers, Throwing things, Hugging self/toy, etc.

NOTES

SAFETY PLAN

DISCUSSED? YES NO

SOCIAL SERVICES REQUESTED? YES NO

EXAMINER'S IMPRESSIONS

EENT WNL _____
CARDIO/PULM WNL _____
MUSC/SKETL WNL _____
NEURO WNL _____
MENTAL WNL _____

ANAL GENITAL EXAM

LAB RESULTS (SEE LAB REQUEST SHEET)

PHYSICAL EXAM INJURIES SUMMARY / NARRATIVE

DISCHARGE

RECOMMENDED MEDICATIONS

STD PROPHYLAXIS
 HIV N-PEP

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PLAN B

OTHER _____

PRESCRIBING PROVIDER _____

NP PA MD

ACCVC- COUNSELING CRIME VICTIMS COMPENSATION PRIMARY CARE PROVIDER - FOLLOW-UP

FAMILY PRACTICE CENTER - HIV FOLLOW-UP OTHER _____

ENDING TIME OF EXAM _____

REPORT GIVEN TO _____

PATIENT ACCOMPANIED BY _____

TO ED ROOM _____

TO AWAIT MEDICATIONS AND DISCHARGE INSTRUCTIONS / OR ADMITTED TO HOSPITAL FOR

SIGNATURE OF SAFE _____

ADDITIONAL DISCHARGE INSTRUCTIONS

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EVIDENCE ITEMS INCLUDED IN KIT:

- | | |
|--|--|
| <input type="checkbox"/> ORAL SWABS | <input type="checkbox"/> PUBIC HAIR STANDARD |
| <input type="checkbox"/> SALIVA SWAB (BUCCAL) | <input type="checkbox"/> FINGERNAIL SWAB |
| <input type="checkbox"/> VAGINAL SWAB | <input type="checkbox"/> HEAD HAIR COMBINGS AND COMB |
| <input type="checkbox"/> CERVICAL SWAB | <input type="checkbox"/> YELLOW BLOOD TUBE |
| <input type="checkbox"/> ANAL SWAB | <input type="checkbox"/> PURPLE BLOOD TUBE |
| <input type="checkbox"/> EXTERNAL PENILE SWABS | <input type="checkbox"/> RED BLOOD TUBE |
| <input type="checkbox"/> DRIED BODY FLUIDS | <input type="checkbox"/> PULLED HAIR STANDARDS |
| <input type="checkbox"/> PUBIC HAIR AND COMB | <input type="checkbox"/> FOREIGN MATTER |
| | <input type="checkbox"/> TAMPON, DIAPER, SANITARY PAD, SPONGE PENILE SWABS |
| | <input type="checkbox"/> UNDERWEAR (IF FIT) |
| | <input type="checkbox"/> OTHER _____ |

NOTES

EVIDENCE ITEMS NOT INCLUDED INSIDE THE KIT:

	# OF PAPER BAGS	OTHER
ARTICLE	DESCRIPTION (COLOR, STAINS, TEARS)	

LEGAL CHECKLIST

- WRITTEN AND VERBAL INFORMATION GIVEN TO PATIENT
- MEDICAL FACILITY GIVEN PERMISSION TO CONTACT BY PHONE MAIL PERMISSION NOT OBTAINED
- AUTHORIZATION FOR RELEASE OF EVIDENCE TO LAW ENFORCEMENT COMPLETED
- CHILD PROTECTIVE SERVICES CONTACTED FOR SUSPECTED CHILD ABUSE
- ADULT PROTECTIVE SERVICES CONTACTED FOR SUSPECTED ELDERLY ABUSE

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AUTHORIZATION EXAMINATION:

LAW ENFORCEMENT AGENCY _____

LAW ENFORCEMENT OFFICER _____

AUTHORIZED HOSPITAL _____

FOR CLIENT NAME _____

EVIDENCE KIT NUMBER _____

CASE NUMBER _____ TO RECEIVE A MEDICAL/FORENSIC EXAMINATION
FOR SEXUAL ASSAULT ON THIS DATE _____

TIME POLICE/ SHERIFF CONTACTED TO PICK UP KIT _____

PAYMENT IS REQUESTED FOR THIS MEDICAL/FORENSIC SEXUAL ASSAULT EXAMINATION JURISDICTION TO WHICH THE CRIME WAS REPORTED

NOTE: TEXAS CIVIL STATUTE ARTICLE 44471 (TEXAS EVIDENCE COLLECTION PROTOCOL) CHAPTER 420, SECTION 4220.031, GOVERNMENT CODE WAS REVISED IN 1997 TO INCLUDE THE EVIDENCE COLLECTION PROTOCOL, [EVIDENCE COLLECTION PROTOCOL KITS]3(d) A LAW ENFORCEMENT AGENCY THAT REQUEST A MEDICAL EXAMINATION OF A VICTIM OF AN ALLEGED SEXUAL ASSAULT OR OTHER SEX OFFENSE FOR USE IN THE INVESTIGATION OR PROSECUTION OF THE OFFENSE SHALL PAY THE COSTE OF THE EVIDENCE COLLECTION KIT. THIS SUBSECTION DOES NOT REQUIRE A LAW ENFORCEMENT AGENCY TO PAY ANY COST OF TREATMENT FOR INJURIES. **OFFICE OF THE ATTORNEY GENERAL, SAPCSD 1998**

TEXAS LAW (TEXAS CIVIL STATUTES, PUBLIC HEALTH CODE, ARTICLE 4447m, 1979, 1983) REQUIRES THAT THE LAW ENFORCEMENT JURISDICTION INVESTIGATING THE REPORTED SEXUAL ASSAULT BE RESPONSIBLE FOR THE PAYMENT OF MEDICAL EXAMINATIONS AND COLLECTION OF EVIDENCE IN CONNECTION WITH THE INVESTIGATION OR PROSECUTION OF A SEXUAL ASSAULT. THE PROCEDURES THAT THIS COMMITTEE RECOMMENDS ARE ELIGIBLE FOR PAYMENT INCLUDE: NURSE EXAMINER'S OR PHYSICIAN FEE; ER FEE; EVIDENCE COLLECTION KIT COST; AND SOME DIAGONOSTIC TESTS, SUCH AS, X-RAYS, PREGNANCY TEST, DRUG/ALCOHOL SCREEN, IF THE PATIENT REPORTS BEING INVOLUNTARILY DRUGGED, ANDA CHLAMYDIA AND GONORRHEA CULTURE FOR SURVIVORS WHO HAVE NOT BEEN SEXUALLY ACTIVE. DIAGNOSTIC TEST ARE INCLUDED SINCE THEY MAY OFTEN BE USED IN EVIDENCE.

CRIME VICTIMS COMPENSATION FROM THE OFFICE OF THE ATTORNEY GENERAL WILL REIMBURSE LAW ENFORCEMENT UP TO \$700 PER EXAM FOR FORENSIC EVIDENCE COLLETION EXPENSES PROVIDED SUCH REASONABLE EXPENDITURES ARE ITEMIZED, DOCUMENTED AND PROPERLY SUBMITTED. PROCEDURES NOT ELIGIBLE FOR PAYMENT BY LAW ENFORCEMENT INCLUDE: HIV TESTING, TREATMENT FOR INJURIES AND ADMISSIONS. TREATMENT COST MUST BE COVERED BY THE PATIENT'S INSURANCE, CRIME VICTIM COMPENSATION OR OTHER ARRANGEMENTS WITH THE HOSPITAL

I HAVE RECEIVED THE FOLLOWING ITEMS: (CHECK ALL THAT APPLY)

ONE SEALED EVIDENCE KIT

_____ NUMBER SEALED EVIDENCE BAGS

OTHER _____

PRINTED NAME OF PERSON RELEASING ARTICLES _____ SIGNATURE OF PERSON RELEASING ARTICLES _____

DATE _____ TIME _____

PRINTED NAME OF AUTHORIZED LAW ENFORCEMENT OFFICIAL RECEIVING ARTICLES _____

SIGNATURE OF LAW ENFORCEMENT OFFICIAL _____

ID BADGE NUMBER _____ AGENCY _____

DATE _____ TIME _____

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