

MEDICAL RECORD SEXUAL ASSAULT FORM

Print Name or Use Patient Plate

I. HISTORY **DATE OF VISIT** _____ **TIME** _____

Significant past medical history: _____

Approximate Time of Attack _____ Is patient pregnant? _____ LMP _____ Medications _____

Allergies _____

Date of Attack _____ Usual form of birth control _____

Is patient bleeding from an injury? Yes _____ No _____

If yes, describe location: _____

II. PHYSICAL EXAMINATION (Note all evidence/details of trauma): _____

III. PELVIC/GENITOURINARY EXAM

Ext/BUS/Hymen _ Cervix _____ Adnexae Vagina _____ Uterus _____ Rectal _____

Penis _____ Scrotum _

Tanner Stage, if applicable _____

IV. DIAGNOSTIC TESTS

Pregnancy test _____ GC Cultures _____ (Pharyngeal _____ Cervical _ Urethral _

Rectal _) VDRL _____ Chlamydia _____ Hepatitis B _____ Other _____

V. TREATMENT

Tetanus Toxoid _ Pregnancy Prevention _____ STI Prophylaxis _____ Other _____

VI. EVIDENCE COLLECTION

Evidence collected? Y ___ N ___ Evidence kit released to law enforcement? Y ___ N ___

Written consent? Y ___ N ___

VII. FOLLOW UP APPOINTMENT

1. Medical: (Adults should be seen within 2 weeks)

2. Counseling:

Examining Health Practitioner:

Health Practitioner:

Signature

Signature

Print Name

Print Name



Pediatric and Adolescent
SUSPECTED ABUSE FORM

Patient Name: _____ Phone Number: _____

MR#: _____ Age: _____ Date: _____

Parent/Caretaker Name: _____ Phone Number: _____

Accompanied by: _____ Referred by: (CPS, Law Enforcement, RCC)

Name of person providing history: _____ Relationship: _____

Chief complaint: _____

Alleged perpetrator: _____ Age: _____ Relationship: _____

Site of incident: _____

History of incident: (Use patient's own words in quotes when possible; included witnesses) _____

Continued on narrative form

Past Medical History: (Developmental delay, previous HX of abuse) _____

LMP: _____ Immunization Status: (Hepatitis B, Dt) _____ PMD: _____

ROS: (Bleeding, discharge, dysuria, behavioral changes) _____

Medications: (Contraceptives, Antibiotics) _____

Allergies: _____

Social HX: _____

General Physical Exam: (include condition of body/clothing, emotional state) _____

Temp: _____ Height: _____ in cm _____ %

Body Surface and Skin: (bruise, laceration, bite marks, etc.) _____

BP: _____ Weight: lbs kgs _____ %

HR: _____ HC: _____ in cm _____ % RR: _____

HEENT: (oral petechiae, torn frenulum) _____

Patient Name: _____ MR# _____

Chest/Lungs: _____ Breasts: (Tanner Stage) _____

Heart: _____ Abdomen: _____

Pulses: _____ Back: _____

Extremities: _____

Pereineum: General (friability, ecchymosis, vasullarly, discharge, condyloma, vesicles, Tanner Stage) _____

Genital exam position: Supine frog-leg Supine Lithotomy Knee chest Both

Specuim exam completed: Yes No Findings: _____

Hymen: Annular Crescent Fimbriated Imperforate Septate

Other: (describe) _____

Are there clefts, notches, bumps, synechia, asymmetry, rounded edges, abrasions, lacerations, adhesions, decreased posterior rim, discharge?

Rectal exam position: Frog-leg Lithotomy Knee chest

Rectal exam: _____

Anal tone, fissures, discoloration, reflex and dilatation, size of anal opeining, scars, skin tages, lacerations, funneling, anal verge, ruggae and spasm/laxity?

Stool in Ampulla: Yes No Stool Guaiac: Positive Negative

Exam done with: Direct visualization Colposcopy Hand held magnifier

Woods Lamp exam performed on: Clothes: Yes No Flourescence: Yes No

On Body: Yes No Flourescence: Yes No

If yes, indicate sites: _____

Evidentiary Material: Photos (type) _____ Video Colposcope

Documentation

Rapekit Yes No Not indicated Clothing

Released to law enforcement Yes No

Secured in refrigerator Yes No

Assessment: Neither confirms nor denies sexual abuse Is consistent with sexual abuse

Is consistent with physical abuse Is consistent with neglect

Other (describe) _____

Diagnostic Studies Ordered:

Cultures:

G.C. Sites: Throat Vaginal Cervical Urethral Rectal

Chlamydia Sites: Vaginal Cervical Urethral Rectal

Vaginal Sites: KOH Wet prep Gram stain

General bacterial culture

Herpes culture site: _____

Patient Name: _____ MR#: _____

Virapap (HPV) site: _____

Urine Culture

Bloodwork: VDRL/RPR HIV Serum HCG

Hepatitis B panel

Clotting functions

Other: Pinworm test Urine HCG

Skeletal Series CT scan Bone scans

Treatment: HIV-PEP STD-Prophylaxis Hep B-Propylaxis Pregnancy-Prophylaxis DT

Other: _____

Hospital Social Worker called? Yes No Name: _____

Patient Discharged to: Home Foster Home Other: _____

In custody of: _____

Follow Up: Appointment with: _____ Date: _____

Time: _____

Referrals to: Infectious Disease CARE PMD RCC Law Enforcement

Health Care Practitioner's Signature: _____ Date: _____

Patient Name: _____ MR#: _____

Patient Name: _____ MR#: _____

Narrative Continuation Form:

Signature: _____ Title: _____
Date: _____

Tanner Staging of Sexual Development

The Tanner stages make up a sexual maturity rating system that track the normal appearance and pattern of pubic hair in the male and female, breast development in the female, and testicle size, scrotum, and phallus development in the male. These stages provide a useful common language for communication among medical providers. The Tanner stages are as follows.

Pubic Hair: Male and Female

Stage 1: Preadolescent. No pubic hair. Fine vellus-type hair similar to that over the abdomen.

Stage 2: There is the appearance of sparse, long, and slightly pigmented hair. Straight or slightly curled hair develops at the base of the penis or along the labia.

Stage 3: Hair darkens and becomes more coarse and curled. It increases in density.

Stage 4: Hair is of the adult type, but the area covered by it is considerably less than in the adult. No hair spread to the medial surfaces of the thighs.

Stage 5: Adult hair characteristics in quantity and type. There is distribution of the horizontal pattern and hair spread to the medial surface of the thighs.

Originally, Tanner (1962) also described a Stage 6, which occurred when pubic hair extended to the linea alba. This has since been dropped because of ethnic variability.

Female Breast Development

Stage 1: Preadolescent. Elevation of papilla.

Stage 2: Breast bud stage. Elevation of breast bud and papilla as a small mound with enlargement of the areolar diameter.

Stage 3: Further enlargement and elevation of breast and areola, with no separation of their contours.

Stage 4: Projection of areola and papilla to form a secondary mound above the level of the breast.

Stage 5: Mature stage projection of the papilla only, due to recession of the areola to the general contour of the breast.

Male Genital Development:

Stage 1: Preadolescent: small penis and testes (testes < 4 ml or long axis <2.5 cm)

Stage 2: Testes larger (4 ml or long axis 2.5 to 3.2 cm), scrotal skin becomes redder and coarser

Stage 3: Penis lengthens, with small increase in diameter, scrotum and testes continue to grow (12 ml or long axis 3.6 cm)

Stage 4: Penis and testes (long axis length 4.1 to 4.5 cm) continue to grow, glans develops

Stage 5: Penis is at its full adult size, testes length >4.5 cm