

MEMORIAL HOSPITAL SEXUAL ASSAULT MEDICAL/FORENSIC RECORD

Name and Location of Examining Facility: _____

Address: _____

Date of Admission: _____ Time: _____

Name of Patient: _____ Date of Birth: _____

Address: _____

Brought in by: _____

Others Present in Exam: _____

Date of Assault: _____ Time: _____

Location of Assault: _____

Name of Assailant(s) if Known: _____

Relationship of Patient to Assailant: _____

Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

INFORMED CONSENT AND RELEASE FOR THE SEXUAL ASSAULT MEDICAL/FORENSIC EVALUATION

I, _____, hereby request and authorize the staff at Memorial Hospital to conduct a medical/forensic examination, including the collection of evidence requiring crime lab analysis, necessary for my diagnosis and treatment, as well as possible investigation of my sexual assault. I understand that I can stop the exam at any time and can decline any portion of the exam or the collection of any sample.

I understand that the examination will include photo-documentation (photographs), and I authorize the taking and reproducing of these photographs conditioned upon their being viewed only by those persons officially involved in the investigation or legal proceedings which may be initiated. Photos may also be used for educational/training/quality assurance purposes.

In the event of evidence collection during my exam, I understand my options for evidence collection, analysis and storage as outlined by the state of Colorado.

____ **Evidence:** I have reviewed my options and indicated my choices for evidence collection, analysis and storage on the Colorado Sexual Assault Consent and Information form.

My initials below indicate my understanding of and the level of authorization for release of my records, including photographs.

____ **Report to Law Enforcement:** I authorize the release of my medical record, including photographs to law enforcement for the purpose of investigating my sexual assault and any resulting legal proceedings. I understand that law enforcement agencies are not health plans or providers, and the released medical information may no longer be protected by the federal HIPAA privacy regulations. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present the written revocation to the Legal Department at Memorial Hospital. This revocation will not apply to information that has already been released.

____ **Medical Report Only:** At this time, I am choosing not to report to law enforcement. I understand that my medical record, including photographs will not be released to law enforcement for the purposes of investigating my sexual assault and any resulting legal proceedings. I understand that in order to release my medical record in the future, I will be required to sign an additional release. I understand that I can change my mind and make a report to law enforcement.

____ **Anonymous Report:** At this time, I am choosing to make an anonymous report. I understand that I will have evidence collected that will be stored anonymously at a law enforcement agency. I understand that law enforcement will not be given my name or other identifying information. I understand that my medical record, including photographs will not be released to law enforcement for the purposes of investigating my sexual assault and any resulting legal proceedings. I understand that in order to release my medical record in the future, I will be required to sign an additional release. I understand that I can change my mind and later report to law enforcement by providing the unique identifying number given to me.

Person Examined

Date

Parent or Guardian

Date



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

A) HISTORY

Patient's Name: _____

1. Patient's description of assault in own words: _____

2. Age _____ 3. Gravity _____ 4. Parity _____

Vaginal delivery? Yes No

5. LMP _____ Was the LMP normal? Yes No Why not? _____

6. Most recent coitus prior to or since the assault:

Date: _____ Time: _____ Condom Used? Yes No

7. Current mode of contraception used by patient, if any: _____

Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

8. During the assault:

Did finger penetrate? Vagina Anus Oral Unknown None
Did object penetrate? Vagina Anus Oral Unknown None
Did penis penetrate? Vagina Anus Oral Unknown None
Did assailant ejaculate? Yes No Unknown

Location of ejaculation: _____

Did the assailant wear a condom? Yes No Unknown

Did the assailant use lubricant? Yes No Unknown

Did the assailant put his/her mouth on your genitalia? Yes No Unknown

Did the assailant put his/her mouth on any other part of your body? Yes No Unknown

Did the assailant make you put your mouth on any other part of his/her body? Yes No Unknown

Other assault details: _____

9. Since the time of the assault, have you:

Douched Yes No

Bathed/showered Yes No

Changed clothe Yes No

If yes, where are the original clothes now? _____

Ate Yes No

Drank Yes No

Smoked Yes No

Brushed teeth/gargled Yes No

Urinated Yes No

Defecated Yes No

If yes, what consistency: _____

Used tampons/liners Yes No

Other: _____

B) PHYSICAL ASSESSMENT

MentalStatus/Behavior/Appearance: _____

Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

DETAILED ASSESSMENT

Neurological

Cardiovascular

Respiratory

HEENT

Gastrointestinal

Genito-uniary See male detailed ano-genital assessment

OB/Gynecological See female detailed ano-genital assessment

Skin/Muscle/Bone See detailed body map description

Medical/Surgical History

Medications

Allergies

Immunizations

Psych/Social

Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

PHYSICAL ASSESSMENT (continued)

Numerically mark each finding (1,2,...) and provide a detailed description below.

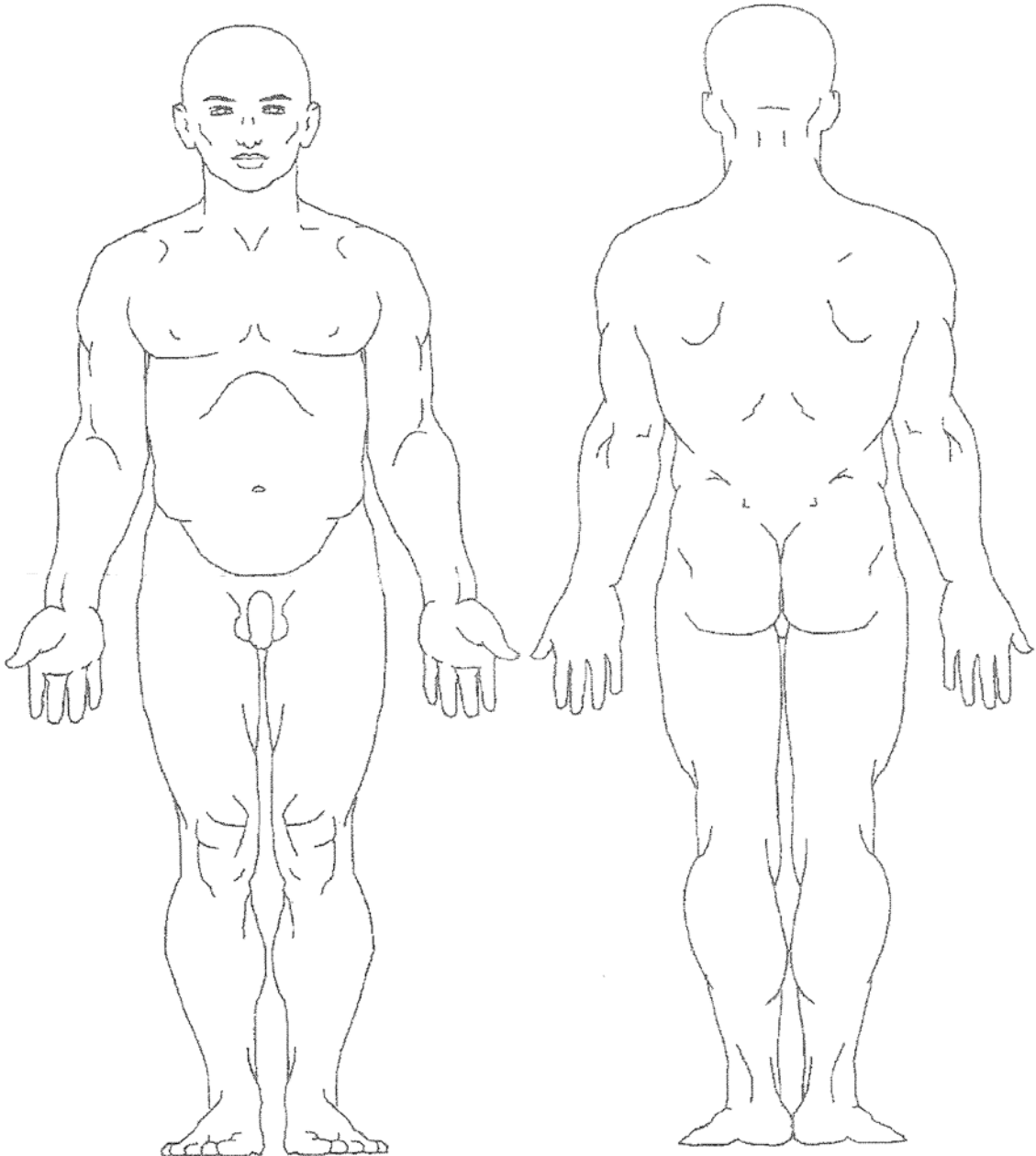
Tanner Stage: Male

Genitalia 5 4 3 2 1

Pubic Hair 5 4 3 2 1

Circumcised: Yes No

ALS Used



Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

PHYSICAL ASSESSMENT (continued)

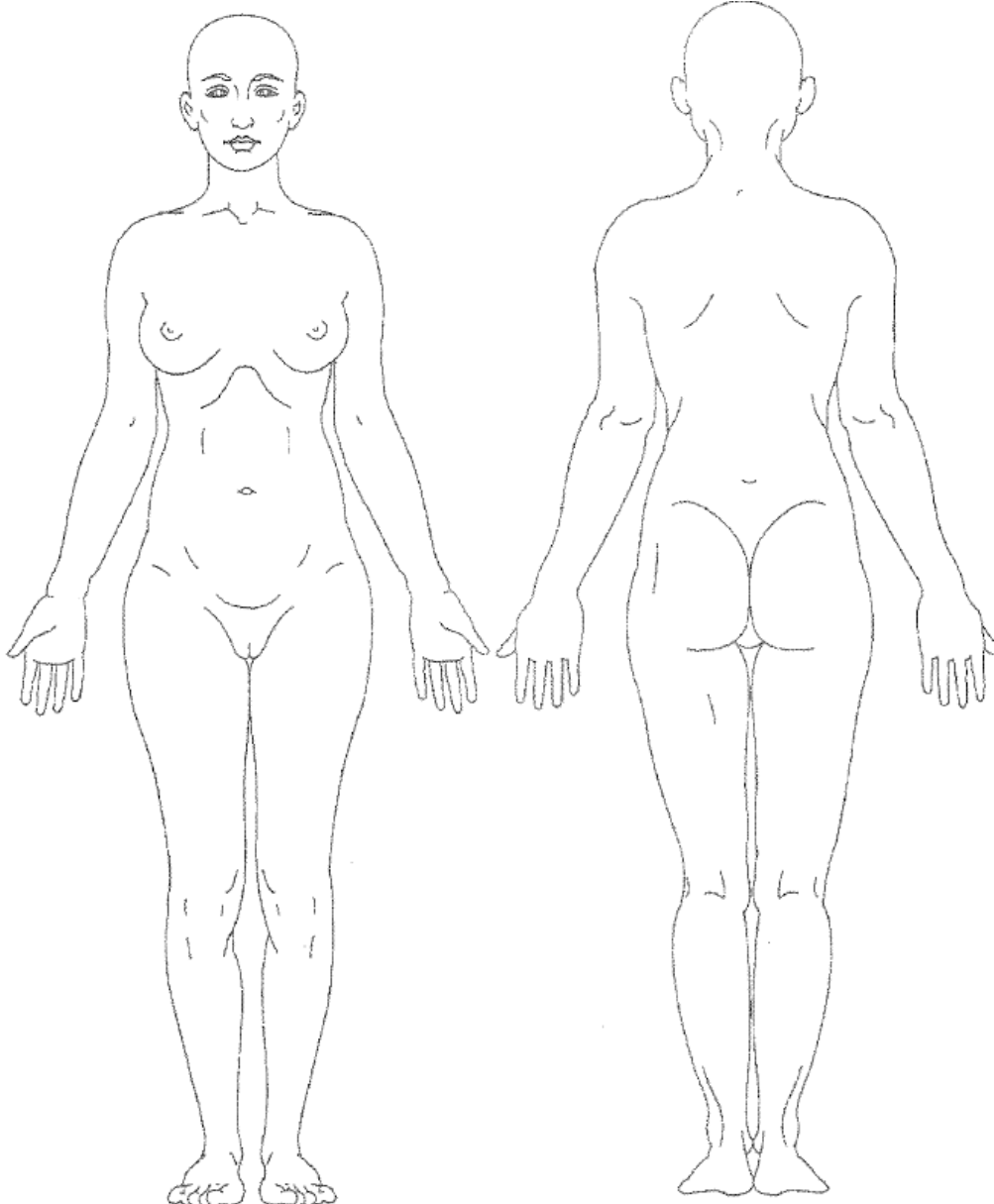
Numerically mark each finding (1,2...)and provide a detailed description below.

Tanner Stage: Female

Breasts 5 4 3 2 1

Pubic Hair 5 4 3 2 1

ALS Used



Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

DETAILED BODY SURFACE FINDINGS

Digital photographs obtained of body surface injuries

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If more space is required, please use a progress note and check the box below.

Please see progress note for additional findings.

C) COLLECTION OF FORENSIC EVIDENCE

- 1) Collection of clothing Yes No
List items collected:

- 2) Trace Evidence Yes No
- 3) Oral Swabs and Smear Yes No
- 4) Foreign Stains on Body Swabs Yes No
- 5) External Genital Swabs Yes No
- 6) Pubic Hair Combing Yes No
- 7) Pubic Hair Standard Yes No
- 8) Head Hair Standard Yes No
- 9) Anal Swabs and Smear Yes No
- 10) Vaginal/Penile Swabs and Smear Yes No
- 11) Cervical Swabs and Smear Yes No
- 12) Fingernail Clippings and Swabbings Yes No
- 13) Buccal Swabs Yes No
- 14) Additional Evidence Yes No

Urine for DFSA Collected

Blood for DFSA Collected

Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

D) ANO-GENITAL ASSESSMENT

Colposcope:

Used: Yes No

Colposcope Photos: Yes No

Magnification: 3.75

7.5

15.0

Saline/H2O Used: Yes No

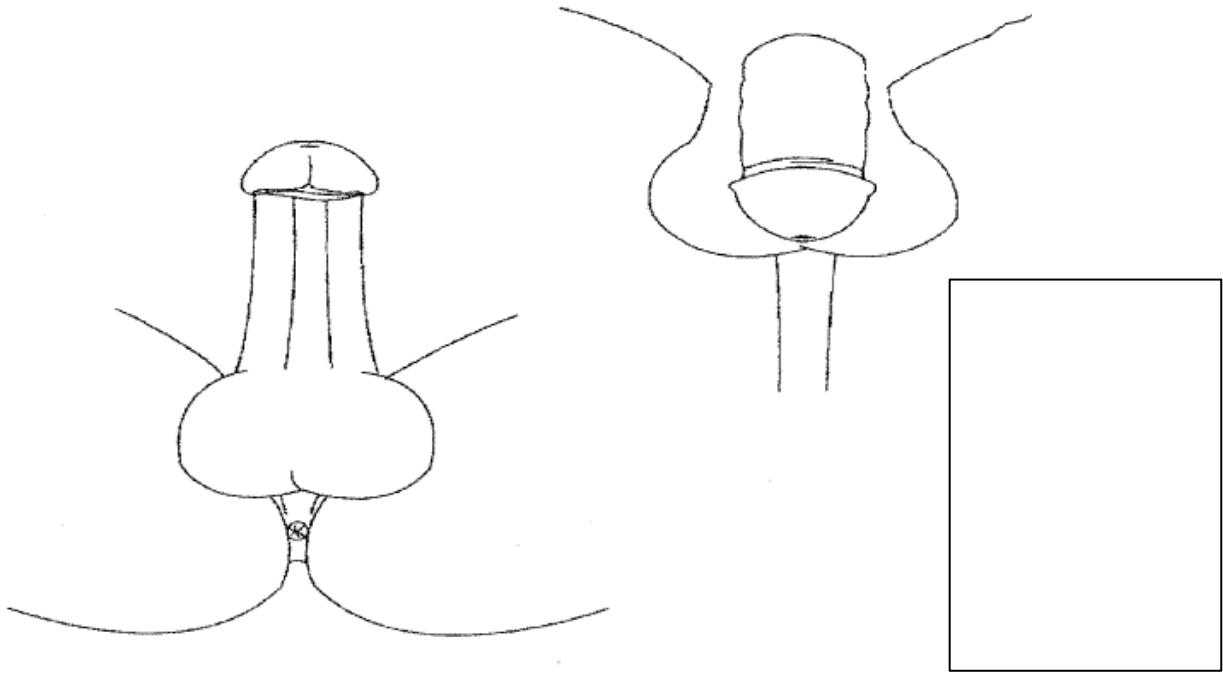
Foley Used: Yes No

Swabs Used: Yes No

Toluidine Blue Used: Yes No

ALS Used: Yes No

Male Assessment



Anal Drawing

Anal Area: _____

Penis: _____

Scrotum: _____

Perineum: _____

Examiner Signature: _____

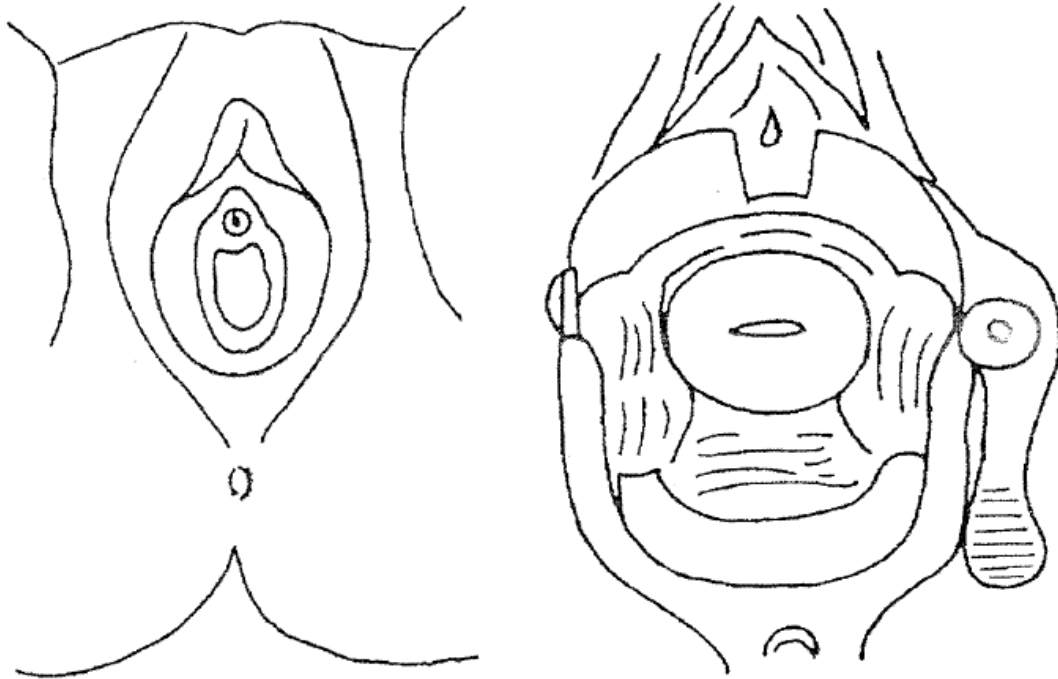


1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

ANO-GENITAL ASSESSMENT (continued)

Female Assessment



Mons Pubis: _____

Clitoral Hood & Clitoris: _____

Urethra: _____

Labia Majora: _____

Labia Minora: _____

Hymen: _____

Fossa Navicularis: _____

Posterior Fourchette: _____

Perineum: _____

Examiner Signature: _____



1400 E Boulder St
Colorado Springs, CO 80909

Patient Label (all copies please)

