PEDIATRIC (PRE-PUBERTAL) FORENSIC MEDICAL EXAMINATION FORM ACUTE ≤ 72 HOURS

Initial to indicate copies are made and distributed.

Crime Lab (place in kit) Law Enforcement (place in envelope on back of kit) Hospital or CAC

CONFIDENTIAL DOCUMENT

Α.	GENERAL	INFORMATION	l (print)									
1.	Name of P	atient:										
2.	Address:					City:			State:	Zip:	Telephone:	
3.	Age:	DOB:	Gender: □ M □ F	Ethni	icity:		Arrival [Date:	Discha	arge Date:	Discharge Time:	
B.	AGENCY	INFORMATION										
1.	Notification	n of Advocacy Ce	enter		□ Yes	□ No	□ NA	lf no, e	explain:			
2.	Child Prote	ective Services N	lotified		□ Yes	□ No	□ NA]				
	Represent	ative Name (if ap	oplicable):									
3.	Interpreter	Used			□ Yes	□ No	□ NA]				
	Represent	ative Name:]				
C.	JURSDIC	TION										
1.	Respondin	ng Officer (if appl	icable):					Agency:				
2.	Respondin	ng Detective (if a	oplicable):					Agency:				

CONSENT FOR FORENSIC EXAMINATION, CONSENT FOR RELEASE OF EVIDENCE, PHOTO DOCUMENTATION AND RECORDS WAIVER OF MEDICAL PRIVILEGE

D. PATIENT CONSENT

- □ YES □ NO I have been informed that victims of crime may be eligible to submit crime victim compensation claims to the Nebraska Crime Victims Compensation fund for out of pocket medical expenses, psychological counseling and wage loss.
- □ YES □ NO I have been informed that a Forensic Nurse Examiner, also known as a Sexual Assault Nurse Examiner (SANE) nurse or a physician will conduct a forensic examination for the evaluation and documentation of injuries and collection of evidence. I understand that I may withdraw consent at any time for any portion of the examination.
- □ YES □ NO I understand that this consent and waiver authorizes a complete forensic examination to be performed, which may include an evidence collection of Sexual Assault Evidence Collection kit, blood and urine samples, HIV testing, HIV and/or sexually transmitted disease prophylaxis.
- □ YES □ NO I understand that collection of evidence may include forensic photography of injuries and these photographs may include the genital area.
- □ YES □ NO I understand that this consent and waiver also authorizes the release of medical and forensic records, evidence and photographs to the appropriate law enforcement, child protection and prosecuting agencies.

I would like to be contacted for follow-up upon the completion of this exam by the checked box(es) below:

Phone Call	Phone Number:	
Text Message	Cell Phone Number:	
□ E-mail	E-mail Address:	

SIGNATURE OF PATIENT/PARENT/GUARDIAN

Date

Time

RELATIONSHIP: SELF/PARENT/GUARDIAN

FORENSIC NURSE/PHYSICIAN/NP/PA

PLACE PATIENT IDENTIFICATION STICKER HERE

PATIENT HISTORY

Name of Person Providing History: 1.

Pertinent Medical History: 2.

- 3. Any history of developmental delays or related concerns?

 Yes
 No If yes, describe:
- 4. Is child fully potty-trained? □ Yes □ No If no, please describe current training status:

Age of menarche (if applicable): 5. Child is:
Pre-menarchal
Post-menarchal

6. Last menstrual period (if applicable):

Any history of anal or genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the 7. interpretation of current physical findings?
 Yes
 No If yes, describe:

8. Any other pertinent ano-genital condition(s) that may affect the interpretation of current physical findings (i.e. UTIs, constipation, ano-genital rashes, etc.)? □ Yes □ No If yes, describe:

Any known current/recent physical injuries present upon child which are NOT related to the current assault/abuse 9. allegations? □ Yes □ No If yes, describe:

10. Any known history of prior sexual abuse? \Box Yes \Box No If yes, describe:

- 11. Any history of child engaging in problematic sexual behaviors? □ Yes □ No If yes, describe:
- 12. Any history of bleeding or clotting disorders? \Box Yes \Box No If yes, describe:

PLACE PATIENT IDENTIFICATION STICKER HERE

13.	Post-Assault Hygiene/Activity:				
a.	Urinated	□ Yes	□ No	\Box NA	
b.	Defecated	□ Yes	□ No	□ NA	
c.	Genital or body wipes	□ Yes	□ No	□ NA	If yes, with what:
d.	Vomited	□ Yes	□ No	□ NA	
e.	Oral rinse	□ Yes	🗆 No	□ NA	
f.	Bath/shower/wash	□ Yes	🗆 No	□ NA	
g.	Brushed teeth/floss	□ Yes	🗆 No	□ NA	
h.	Ate or drank	□ Yes	□ No	□ NA	
i.	Changed clothing	□ Yes	□ No	□ NA	If yes, describe:
j.	Changed underwear/diaper	□ Yes	□ No	\Box NA	If yes, describe:

14.	Assault Related History:			
a.	Lapse of consciousness	□ Yes	□ No	If yes, describe:
				If yes, collection of toxicology samples is recommended:
				Blood Urine
b.	Non-genital injury, pain and/or bleeding	□ Yes	🗆 No	If yes, describe:
C.	Anal or genital injury, pain and/or bleeding	□ Yes	□ No	If yes, describe:
d.	Additional Information:			

F. ABUSE/ASSAULT HISTORY

1.	Assailant Information						
a.	Assailant Name:						
b.	Relationship to Patient:						
C.	Assailant Age: Assailant Gender: \Box M \Box F			Assailant Ethnicity:			
d.	. Reported history of STI:		Reported use of drugs involving needles:				
e.	 Isolated incident of abuse/assault Acute incident of abuse/assault with history of chronic abuse by same assailant NA 						
2.	Date of Assault(s):		Tim	e of Assault(s) If known:			

3. Pertinent Physical Surroundings of Assault(s):

PLACE PATIENT IDENTIFICATION STICKER HERE

NOTE: If more than one assailant, identify by number.

4.	Contact of patient's vagina by:								
	Penis	□ Yes	□ No	□ Unsure	Penetration Reported	\Box NA			
	Finger	□ Yes	□ No	□ Unsure	Penetration Reported	\Box NA			
	Mouth/Tongue	□ Yes	□ No	Unsure	Penetration Reported	\Box NA			
	Vagina	□ Yes	🗆 No	Unsure	Penetration Reported	\Box NA			
	Other	□ Yes	□ No	Unsure	Penetration Reported	\Box NA			
	If yes to any, describe:								

5.	Contact of patient's penis by:					
	Penis	□ Yes	□ No	Unsure	Penetration Reported	□ NA
	Finger	□ Yes	□ No	Unsure	Penetration Reported	□ NA
	Mouth/Tongue	□ Yes	□ No	Unsure	Penetration Reported	\Box NA
	Vagina	□ Yes	□ No	Unsure	Penetration Reported	\Box NA
	Other	□ Yes	□ No	Unsure	Penetration Reported	\Box NA
	If yes to any, describe:					

Penis	🗆 Yes	🗆 No	Unsure	Penetration Reported	\Box NA
Finger	□ Yes	□ No	🗆 Unsure	Penetration Reported	
Mouth/Tongue	□ Yes	□ No	□ Unsure	Penetration Reported	🗆 NA
Vagina	🗆 Yes	□ No	□ Unsure	Penetration Reported	🗆 NA
Other	□ Yes	□ No	🗆 Unsure	Penetration Reported	🗆 NA

7.	Contact of patient's mouth:					
	Penis	□ Yes	□ No	Unsure	Penetration Reported	\Box NA
	Finger	□ Yes	□ No	Unsure	Penetration Reported	\Box NA
	Mouth/Tongue	□ Yes	□ No	□ Unsure	Penetration Reported	\Box NA
	Vagina	□ Yes	□ No	□ Unsure	Penetration Reported	\Box NA
	Other	□ Yes	□ No	□ Unsure	Penetration Reported	\Box NA
	If yes to any, describe:					

8. Contraceptive or lubricant products used:

Contraceptive or lubricant products used: If yes, describe (condom, lubrication, lotion, saliva, etc.)

PLACE PATIENT IDENTIFICATION STICKER HERE

9.	Did ejaculation occur?	□ Yes	□ No	□ Unsure	\Box NA	If yes to any, describe:
	If yes, note location(s) below:					
	Mouth	□ Yes	□ No	□ Unsure	\Box NA	
	Vagina	□ Yes	□ No	□ Unsure	□ NA	
	Anus/rectum	□ Yes	🗆 No	□ Unsure	□ NA	
	Body surface	□ Yes	□ No	□ Unsure	\Box NA	
	On bedding	□ Yes	□ No	□ Unsure	□ NA	
	On clothing	□ Yes	□ No	□ Unsure	□ NA	
	Other	□ Yes	□ No	□ Unsure	□ NA	

10.	Non-genital act(s):				
	Licking	□ Yes	□ No	Unsure	Describe where on body and by whom:
	Kissing	□ Yes	□ No	□ Unsure	
	Suction injury	□ Yes	□ No	□ Unsure	
	Biting	□ Yes	□ No	Unsure	

11. Other act(s):

	□ Yes	□ No	Unsure	If yes to any, describe:
	□ Yes	□ No	🗆 Unsure	

12. Describe any other details noted about assailant:

G. TESTS PERFORMED

1.	Gonorrhea	□ Yes	□ No	□ NA	
2.	Chlamydia				
3.	Trichomoniasis	□ Yes	□ No	□ NA	
4.	HIV	□ Yes	□ No	□ NA	
5.	Hepatitis Panel	□ Yes	□ No	□ NA	
6.	Syphillis	□ Yes	□ No	□ NA	
7.	Pregnancy	□ Yes	□ No	□ NA	
8.	Radiology	□ Yes	□ No	□ NA	
9.	Other	□ Yes	□ No	□ NA	

H. PATIENT HISTORY OF ASSAULT

Patient Declined
 Non-Verbal Child

□ Other Communication Barrier

Child's description of assault:

Other pertinent witnessed or relayed description of assault and source of information:

Additional pages included: \Box Yes \Box No

PLACE PATIENT IDENTIFICATION STICKER HERE

I. FORENSIC PHOTOGRAPHY/EXAMINATION

Legend: Types of Findings

A-Abrasions BI-Bite BU-Burn CS-Control Swab DE-Debris DF-Deformity DS-Dry Secretion B-Bruise R-Redness F/H-Fiber/Hair FB-Foreign Body IN-Induration IW-Incised Wood LA-Laceration MS-Moist Secretion OF-Other Foreign Materials (describe) OI-Other Injury (describe) PE-Petechiae PS-Potential Saliva SHX-Sample Per History SI-Suction Injury T-Tears S-Swelling TE-Tenderness V/S-Vegetation/Soil ALS-Alt. Light Source WNL-Within Normal Limits

Exam Position Used:
Supine Frog Leg
Supine Lithotomy

Supine Knee-Chest

□ Prone Knee-Chest □ Lateral

				Photograp	h
Locator #	Туре	Description			Number
				□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
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			□ Yes	□ No	
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			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	

Additional photo log included: □ Yes □ No

ALS used:
Yes
No
Reactive: Location
Non-reactive:

Colposcope	□ Video	Still Photos
Camera	□ Video	Still Photos
Total # of pictures taken:		

PLACE PATIENT IDENTIFICATION STICKER HERE

J. BODY DIAGRAM										
		Lege	end: Types of Finding	IS						
A-Abrasions	DF-Deformity	FB-Foreign Body	MS-Moist Secretion	PE-Petechiae	S-Swelling					
BI-Bite	DS-Dry Secretion	IN-Induration	OF-Other Foreign	PS-Potential Saliva	TE-Tenderness					
BU-Burn	B-Bruise	IW-Incised Wood	Materials (describe)	SHX-Sample Per History	V/S-Vegetation/Soil					
CS-Control Swab	R-Redness	LA-Laceration	OI-Other Injury	SI-Suction Injury	ALS-Alt. Light Source					
DE-Debris	F/H-Fiber/Hair		(describe)	T-Tears	WNL-Within Normal Limits					

				Photogra	aph
Locator #	Туре	Description			Number
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	

PLACE PATIENT IDENTIFICATION STICKER HERE

Legend: Types of Findings

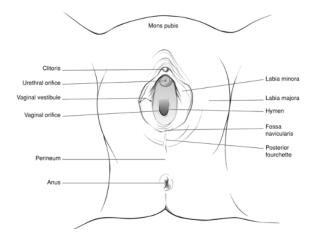
A-Abrasions BI-Bite BU-Burn CS-Control Swab DE-Debris DF-Deformity DS-Dry Secretion B-Bruise R-Redness F/H-Fiber/Hair FB-Foreign Body IN-Induration IW-Incised Wood LA-Laceration

MS-Moist Secretion OF-Other Foreign Materials (describe) OI-Other Injury (describe)

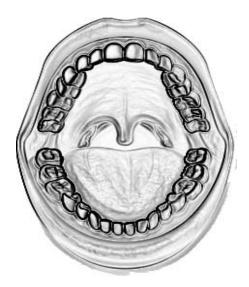
PE-Petechiae PS-Potential Saliva SHX-Sample Per History SI-Suction Injury T-Tears S-Swelling TE-Tenderness V/S-Vegetation/Soil ALS-Alt. Light Source WNL-Within Normal Limits

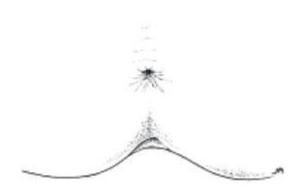
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				Filologia	apri
Locator #	Туре	Description			Number
			□ Yes	🗆 No	
			□ Yes	🗆 No	
			□ Yes	🗆 No	
			□ Yes	🗆 No	
			□ Yes	🗆 No	
			□ Yes	🗆 No	









PLACE PATIENT IDENTIFICATION STICKER HERE

EVIDENCE COLLECTED AND SUBMITTED TO LAW ENFORCEMENT Κ.

	Envelopeo	Samples		tod	Notes	Collected By First Initial, Last Name	Officer F	Received
1.	Envelopes	Sample □ Yes			Notes	Last Namo	□ Yes	□ No
	Foreign Material Sheet							
2.	Clothing bags (# Collected)	□ Yes	□ No	□ NA			□ Yes	□ No
3.	Underwear/Diapers	□ Yes	□ No	□ NA			□ Yes	□ No
4.	Oral Swabs	□ Yes	□ No	\Box NA			□ Yes	□ No
5.	Additional Evidence Swabs	□ Yes	□ No	\Box NA			□ Yes	□ No
6.	Alternative Light Source Swabs	□ Yes	□ No	□ NA			□ Yes	□ No
7.	Fingernail Swabs	□ Yes	□ No	□ NA			□ Yes	□ No
	(Left and Right Hand)							
8.	Mons Pubis/Combings	□ Yes	□ No	\Box NA			□ Yes	□ No
9.	External Genitalia Swabs	□ Yes	□ No	\Box NA			□ Yes	□ No
10.	Anal/Rectal Swabs	□ Yes	□ No	□ NA			□ Yes	□ No
11.		OMIT T	HIS ST	EP FOR I	PRE-PUBERTAL PATIENTS			
12.	Patient's Reference DNA Swab	□ Yes	□ No	□ NA			□ Yes	□ No

	Toxicology Samples	Samples Collected		ted	Collected By	Time	Officer F	Received
1.	Blood Toxicology	□ Yes	🗆 No	□ NA			□ Yes	□ No
2.	Urine Toxicology	□ Yes	🗆 No	\Box NA			□ Yes	□ No

Sexual Assault Kit ation Number:

1.	Sexual Assault Kit Used:	□ Yes	🗆 No	If Yes, Kit Identifica

2. Note: Please document any necessary deviations/additions to the kit:

Collected By		
Examiner's (PRINTED NAME)		
	Date:	Time:
Examiner's Signature		
Received By		
	Case #:	
Law Enforcement Officer (PRINTED NAME)		-
	Date:	Time:
Signature of Law Enforcement Officer		

PLACE PATIENT IDENTIFICATION STICKER HERE