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CONFASSA

Adolescent/Adult Post-Sexual Assault Medical-Forensic Exam

Name and location of examining facility: _____

Address: _____

Date of exam: _____ Time: _____

Name of patient: _____ Date of birth: _____

Gender identification: _____ Race/ethnicity: _____

Brought in by: _____

Others present during history: _____

Others present during exam: _____

Presentation of patient upon SANE arrival:

A) HISTORY

Age_____

Medical/surgical history:

Medications: _____

Allergies: _____

Hep B vaccine series received? ☐ Yes ☐ No ☐ Unsure

Tetanus vaccine up to date? ☐ Yes ☐ No ☐ Unsure

Most recent consensual sexual encounter prior to and/or since the assault:

Date: _____ Time: _____ Condom Used? ☐ Yes ☐ No

Type of sexual encounter: _____

Is the assailant different than the consensual partner? ☐ No

☐ Yes-name of consensual partner: _____

Date of assault: _____ Time: _____

Location of assault: _____

Number of assailant(s):_____

Name of assailant(s):

#1._____ #2._____ #3._____ #4. _____

Age of assailants(s):

#1._____ #2._____ #3._____ #4. _____

Gender of assailants(s):

#1._____ #2._____ #3._____ #4. _____

Race/ethnicity of assailant(s):

#1._____ #2._____ #3._____ #4. _____

Relationship of patient to assailant(s):

#1._____ #2._____ #3._____ #4. _____

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Patient's description of assault in own words:

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If more space is required, please use word document and check the box below.
☐ Please see attached word document for additional details.

During the assault: (if more than one assailant, identify by number)

Penetration of vagina by:						Assailant number
Penis	☐ Yes	☐ No	☐ Attemped	☐ Unsure	☐ NA	
Finger	☐ Yes	☐ No	☐ Attemped	☐ Unsure	☐ NA	
Object	☐ Yes	☐ No	☐ Attemped	☐ Unsure	☐ NA	
Penetration of anus by:						
Penis	☐ Yes	☐ No	☐ Attemped	☐ Unsure		
Finger	☐ Yes	☐ No	☐ Attemped	☐ Unsure		
Object	☐ Yes	☐ No	☐ Attemped	☐ Unsure		
Penetration of oral cavity by:						
Penis	☐ Yes	☐ No	☐ Attemped	☐ Unsure		
Finger	☐ Yes	☐ No	☐ Attemped	☐ Unsure		
Object	☐ Yes	☐ No	☐ Attemped	☐ Unsure		

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 (licking, kissing, biting, spitting) on any other part of your body?	☐ Yes	☐ No	☐ Unknown	If yes, where?
Did the assailant make you put your mouth on his/her genitals?	☐ Yes	☐ No	☐ Unknown	
Did the assailant make you put your mouth on any other part of his/her body?	☐ Yes	☐ No	☐ Unknown	If yes, where?

Were any restraints used? ☐ Yes ☐ No ☐ Unknown
If yes, what type and where:

Any lapse of consciousness? ☐ Yes ☐ No ☐ Unknown Any loss of memory? ☐ Yes ☐ No ☐ Unknown

Did you scratch or injure the assailant in any way? ☐ Yes ☐ No ☐ Unknown
If yes, describe:

Any verbal threats or weapons used? ☐ Yes ☐ No ☐ Unknown
If yes, describe:

Did anything happen that made it difficult to breathe? ☐ Yes ☐ No ☐ Unknown
If yes, symptoms reported during the event:

If yes, symptoms reported having now:

Other assault details:

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Since the time of the assault, have you:
- Douched? ☐ Yes ☐ No How many times? _____
- Bathed/showered? ☐ Yes ☐ No How many times? _____
- Changed clothes? ☐ Yes ☐ No If yes, where are the original clothes now? _____
- Ate? ☐ Yes ☐ No
- Drank? ☐ Yes ☐ No
- Vomited? ☐ Yes ☐ No How many times? _____
- Smoked? ☐ Yes ☐ No
- Brushed teeth/gargled? ☐ Yes ☐ No How many times? _____
- Urinated? ☐ Yes ☐ No How many times? _____
- Defecated? ☐ Yes ☐ No How many times? _____
- Used tampons/liners? ☐ Yes ☐ No Other: _____

Drug/Alcohol use:
- Any voluntary use of drugs or alcohol prior to the assault? ☐ Yes ☐ No
  - If yes, what? _____
- Any involuntary use of drugs or alcohol prior to the assault? ☐ Yes ☐ No
  - If yes, what? _____
- Any voluntary use of drugs or alcohol since the assault? ☐ Yes ☐ No
  - If yes, what? _____
- Any involuntary use of drugs or alcohol since the assault? ☐ Yes ☐ No
  - If yes, what? _____

B) PHYSICAL ASSESSMENT

Description of patient's behavior/affect/orientation throughout exam:

Neurological: _____
Cardiovascular: _____
Respiratory: _____
HEENT: _____
Gastrointestinal: _____
Genito-urinary: See male detailed ano-genital assessment
OB/Gynecological: See female detailed ano-genital assessment
Skin/Muscle/Bone: See detailed body map description
Any recent (60 days) anal or genital injuries, surgeries, diagnostic procedures or medical treatment that may affect the interpretation of current physical findings?

Any other pertinent medical conditions, surgeries, procedures, or treatments that may affect interpretation of current physical findings?

Any pre-existing physical injuries?
If yes, describe:

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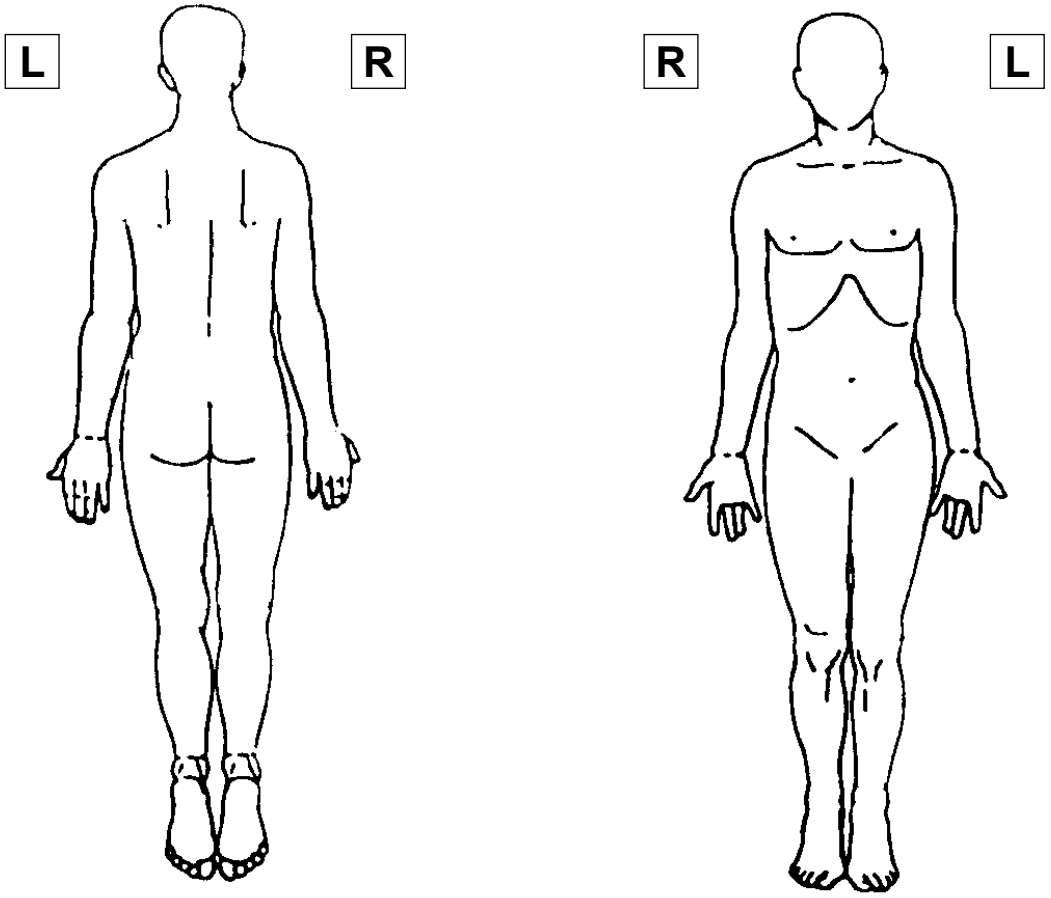

DETAILED BODY SURFACE FINDINGS

☐ Patient declined physical exam. ☐ No physical findings at time of exam.

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

If more space is required, please use word document and check the box below.

☐ Please see attached word document for additional findings.

☐ Digital photographs obtained of body surface injuries

☐ Patient declined photos.

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C) ANO-GENITAL ASSESSMENT

☐ Patient declined ano-genital assessment. ☐ Ano-genital exam not indicated.

Colposcope used: ☐ Yes ☐ No Colposcope photos: ☐ Yes ☐ No

Magnification: ☐ 3.75 ☐ 7.5 ☐ 15.0

Saline/H2O used: ☐ Yes ☐ No Foley used: ☐ Yes ☐ No

Fox Swabs used: ☐ Yes ☐ No Toluidine Blue used: ☐ Yes ☐ No

Anoscopy performed by provider? ☐ Yes ☐ Patient declined ☐ Not indicated

If yes, provider findings: _____

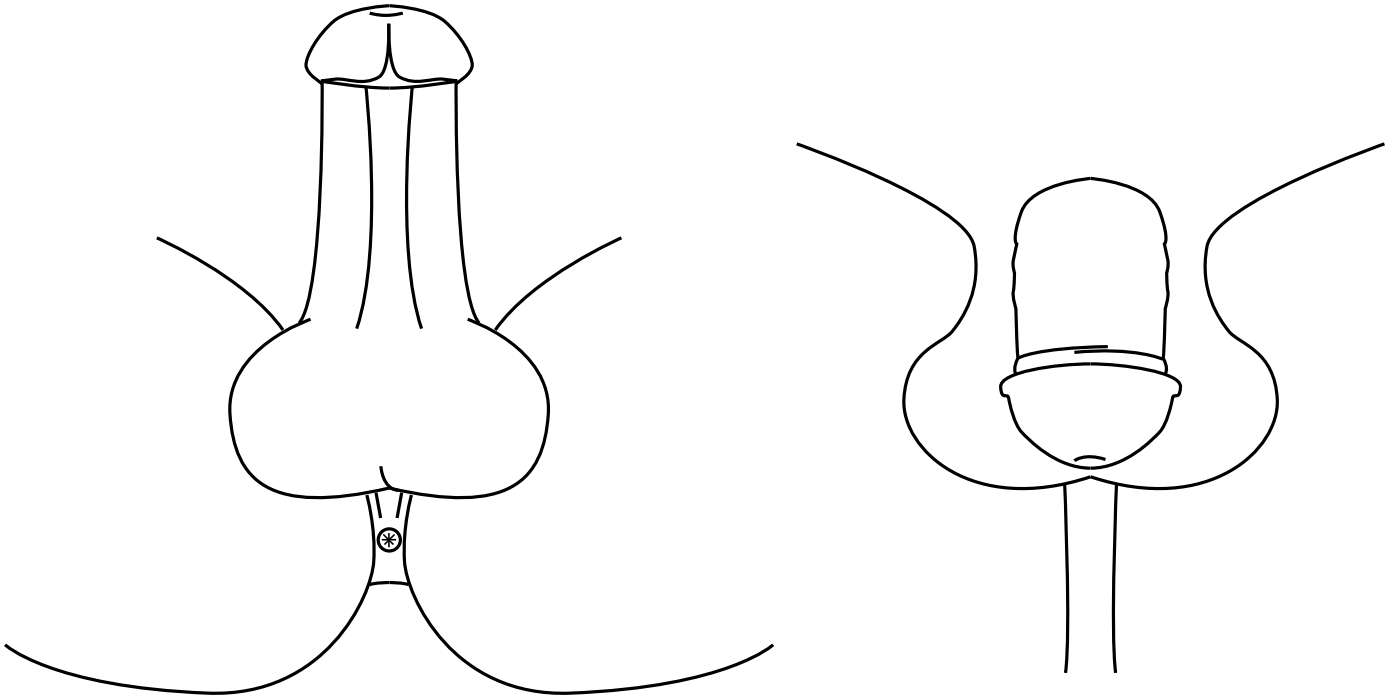
Male Assessment:

Previous genital procedures: _____

Tanner Stage: Male

Genitalia: ☐ **5** ☐ **4** ☐ **3** ☐ **2** ☐ **1** Pubic hair: ☐ **5** ☐ **4** ☐ **3** ☐ **2** ☐ **1**

Circumcised: ☐ Yes ☐ No ALS used: ☐ Yes ☐ No



Anal area: _____

Penis: _____

Scrotum: _____

Perineum: _____

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Female Assessment:

Pregnant? ☐ Yes ☐ No

Gravidity _____ Parity _____

Previous vaginal delivery? ☐ Yes ☐ No

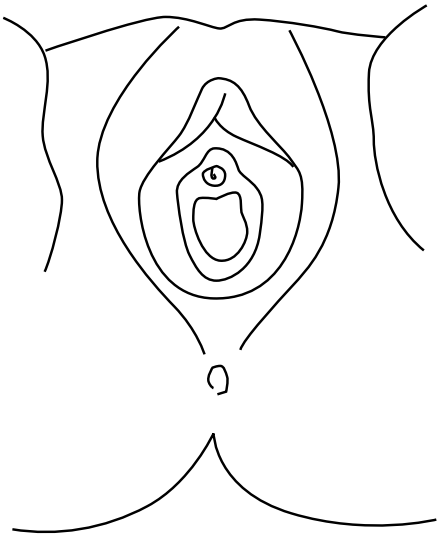
LMP_____ Was the LMP normal? ☐ Yes ☐ No Why not? _____

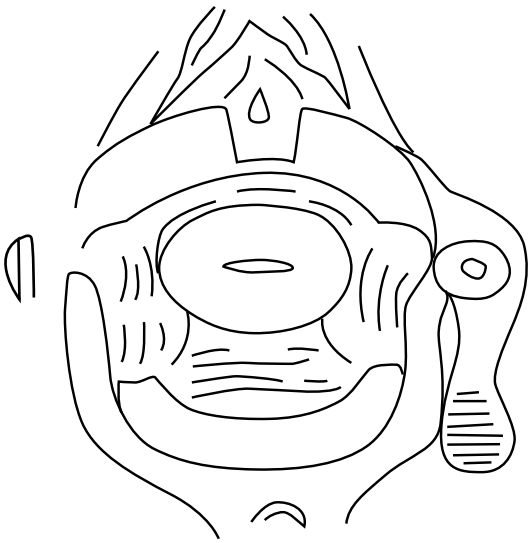
Current mode of contraception used by patient, if any:_____

Hysterectomy? ☐ Yes ☐ No Tubal ligation? ☐ Yes ☐ No

Tanner Stage: Female

Breasts: ☐ **5** ☐ **4** ☐ **3** ☐ **2** ☐ **1** Pubic hair: ☐ **5** ☐ **4** ☐ **3** ☐ **2** ☐ **1** ALS used: ☐ Yes ☐ No





Mons pubis: _____

Clitoral hood & clitoris:_____

Urethra: _____

Labia majora:_____

Labia minora:_____

Hymen: _____

Fossa navicularis: _____

Posterior fourchette: _____

Perineum: _____

Vagina:_____

Cervix: _____

Anal area: _____

Positioning/technique: ☐ Labial separation ☐ Dorsal lithotomy ☐ Prone knee-chest ☐ Labial traction ☐ Supine ☐ Frog-leg ☐ Supine knee-chest

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D) COLLECTION OF FORENSIC EVIDENCE

1) Collection of clothing: ☐ Yes ☐ No ☐ Patient declined

List items collected and description:

ALS used on clothing? ☐ Yes ☐ No If yes, describe findings:

2) Evidence swabs collected:

☐ Oral ☐ Buccal ☐ Mons pubis ☐ Perineal ☐ Peri-anal ☐ Vaginal
☐ Cervical swabs ☐ Ano-rectal ☐ Glans penis/penile shaft ☐ Scrotum ☐ Fingernail scrappings/swabbings
❑ Skin, where? _____

3) Trace evidence: ☐ Yes ☐ No

List: _____

4) Other, list: _____

5) Urine for DFSA collected: ☐ Yes, time collected: _____ ☐ No ☐ Not indicated

6) Blood for DFSA collected: ☐ Yes, time collected: _____ ☐ No ☐ Not indicated

E) ADDITIONAL INFORMATION:

1) Was advocate present? ☐ Yes, Name: _____ ☐ No ☐ Patient declined

2) CPS/APS report made? ☐ Yes ☐ No

3) Reported to law enforcement at time of exam? ☐ Yes ☐ No

4) Concerns for trafficking? ☐ Yes ☐ No

5) Discharged to: _____

6) Referral made to ED physician for assessment and/or treatment of injuries? ☐ No
☐ Yes, specify:

7) Other information, if applicable:

Time:_____ Date:_____ Examiner Signature:_____