Faculty of Forensic and Legal Medicine

Pro Forma

Pro forma for adult female and male forensic sexual assault examination

Note: This form has been designed to assist Forensic Physicians and Forensic Nurses in the assessment of an adult complainant of sexual assault. It is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the pro forma to be completed. On completion this form is the personal property of the examining doctor. This form should not be used for the examination of suspects (use fitness for detention pro forma).

1. Initial Call

The initial call to attend a complainant of a sexual offence frequently comes from an individual with little information regarding the nature and timing of the allegation. Because such information will inform the decision regarding the venue and timing of the examination the FP should endeavour to speak directly with the officer who is with the complainant.

Date of initial call ____________________________ Time of initial call ____________________________

Name of referrer ____________________________________________________________________________

Contact telephone number of referrer __________________________________________________________

Name of sexual offence trained officer who will be attending with the complainant ________________________

Contact telephone number of attending officer _____________________________________________________

Name of complainant _________________________________________________________________________

Does the complainant have any serious injuries or other acute medical problems? _________________________

___________________________________________________________________________________________

The FP should ensure that the venue proposed for the examination is appropriate. It may be necessary to arrange for the complainant to be transferred, via an ambulance, to the nearest A&E department if she/he appears to have serious injuries or an altered level of consciousness. The FP should be willing to attend a hospital if required to.

When did the incident take place? _______________________________________________________________

A decision with regard to the timing of the examination should be made after consideration of the persistence data regarding forensic evidence (see FFLM ‘Guidelines for the collection of forensic specimens from complainants and suspects’) and the medical needs of the complainant (e.g. HIV Post Exposure Prophylaxis, emergency contraception).

What is the nature of the sexual assault? _________________________________________________________

___________________________________________________________________________________________

If there is any suggestion that penis-mouth penetration (fellatio) may have taken place, or the nature of the sexual assault is not known, the referrer should be reminded to obtain urgently the oral samples i.e. two mouth swabs and mouth washings (see FFLM ‘Guidelines for the collection of forensic specimens from complainants and suspects’). Some police officers and civilian staff have access to an ‘Early Evidence Kit’ to sample a complainant’s mouth.

Is there any suggestion that drugs or alcohol have been used to facilitate the sexual assault? ________________

___________________________________________________________________________________________

In all cases, presenting within 4 days of the allegation the referrer should be reminded to access urgently a Urine Module/‘Early Evidence Kit’ and request a urine sample from the complainant. The time of the last urination (prior to the one yielding the sample) and the time that the sample was produced should be noted. Consideration should also be given to whether the complainant has capacity to consent to the examination.

Does the complainant have any known mental health problems? _______________________________________

___________________________________________________________________________________________

If yes, consideration should be given to arranging a person with prior knowledge of the complainant to attend with him/her.

Does the complainant have any difficulty understanding English? _______________________________________

___________________________________________________________________________________________

If yes, consideration should be given to arranging an interpreter.

Agree venue and time for examination ____________________________________________________________
2. Examination Details

Location ___________________________ Date of examination ___________________________
Time of arrival _______________________ Time introduced to complainant _______________________
Referred by self/ police/ other (delete/annotate as applicable) _______________________________

3. Doctor Details

Name of FP _______________________________
Other doctors (if present) ____________________________

4. Police Details

Force Wide Incident Number (FWIN)/PNN __________________________
Name and contact details of attending police officer ___________________________
Name and contact details of investigating officer ___________________________

5. Others Present

Social worker / Care worker ___________________________
Others (relationship to examinee) ___________________________

6. Patient Details

Name _________________________________
Address _______________________________
Date of Birth __________________________ Age __________________________
Gender FEMALE / MALE Ethnicity ___________________________
Self-referral case number (if applicable) ___________________________

7. Reason for Referral

Briefing taken from: ___________________________
Contact details ___________________________
Names of persons present during briefing: ___________________________
Location of assault(s): ___________________________
Brief history of assault (continue overleaf if necessary) ____________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Any identified special needs/ mental health problems ____________________________________________

Number of assailants ________________________________________________________________

Prior knowledge of assailant(s) (details) __________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Last contact with alleged assailant(s) __________________________________________________________

Forensic samples taken before examination started (details) __________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

By whom taken ________________________________________________________________
8. Consent to History, Examination and Report

I, ________________________________ consent to a forensic examination, as explained to me by _____________________________________________________________________________________

I understand that the forensic examination will include (delete if not applicable)

a) A full medical history and complete examination;

b) Collection of forensic and/or medical specimens;

c) Taking of notes, photographs/videos/digital images for recording and evidential purposes (including second opinions from medical experts and peer review). I have been told that any sensitive photographs, videos and/or digital images will be stored securely and only be made available to other non-medical persons on the order of a judge;

d) I understand and agree that the doctor/nurse may provide a statement/report for the police;

e) I understand and agree that a copy of the medical notes may be given to professionals involved in the case (e.g. police or lawyers) and may be used in a court;

f) I agree to the use of my anonymised photographs/videos/digital images/medical notes for teaching;

g) I agree to the use of my anonymised photographs/videos/digital images/medical notes for audit and research;

h) I have been advised that I may halt the examination at any time.

Signed ________________________________       Date ________________________________

If verbal consent Signature & Name of Witness

_________________________________________________________________________________

_________________________________________________________________________________
9. Medical History

General health
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Pre-existing skin problems  e.g. eczema, lichen sclerosus
______________________________________________________________________________

Previous illnesses
______________________________________________________________________________
______________________________________________________________________________

Operations
______________________________________________________________________________

10. Menstrual/Obstetric History

<table>
<thead>
<tr>
<th>Periods (e.g. frequency/regularity/ LMP)</th>
<th>Any children</th>
<th>Mode of delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-existing menstrual problems e.g. IMB and PCB</th>
<th>Episiotomy?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Medications and Allergies

<table>
<thead>
<tr>
<th>Prescribed medication</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. contraception (detail compliance), HRT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other medication/remedies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies</th>
<th></th>
</tr>
</thead>
</table>
12. Details of the Assault from Complainant

*As[ked to direct forensic sampling and determine risk of STIs and pregnancy (see Medical Aftercare)*]

**Confirmation / additions from complainant (verbatim & recorded contemporaneously)**

<table>
<thead>
<tr>
<th>Kissing/licking/biting/sucking/spitting?</th>
<th>NOT KNOWN / NO / YES</th>
<th>(details, including sites)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth to genitalia/anus?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Digit to vulva/vagina/anus?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Penis into vulva/vagina?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Penis into mouth?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Penis into anus?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Ejaculation?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details, including sites)</td>
</tr>
<tr>
<td>Object to vulva/vagina/anus?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Other sexual/physical act(s)</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Injuries?</td>
<td>NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Ano-genital bleeding?</td>
<td>NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Weapon used?</td>
<td>NOT KNOWN / NO / YES</td>
<td>(details)</td>
</tr>
<tr>
<td>Damage to clothing?</td>
<td>NO / YES</td>
<td>(details)</td>
</tr>
</tbody>
</table>
### 13. Details of Assailant(s)

*Asked to determine risk of STIs (see Medical Aftercare)*

*Confirmation / additions from complainant (verbatim & recorded contemporaneously)*

### 14. Post Assault  *ask if relevant*

<table>
<thead>
<tr>
<th>Eaten</th>
<th>NOT KNOWN / NO / YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drank</td>
<td>NOT KNOWN / NO / YES</td>
</tr>
<tr>
<td>Passed urine</td>
<td>NOT KNOWN / NO / YES</td>
</tr>
<tr>
<td>Bowels open</td>
<td>NOT KNOWN / NO / YES</td>
</tr>
<tr>
<td>Wiped/ washed</td>
<td>NOT KNOWN / NO / YES</td>
</tr>
<tr>
<td>Changed clothes</td>
<td><em>(specify)</em></td>
</tr>
<tr>
<td>Self harm</td>
<td><em>(sites)</em></td>
</tr>
</tbody>
</table>

**Circle:**

- Brushed: teeth / gums / dentures
- Mouth wash / spray used
- Washed / bathed / showered / douched
- Changed tampon / pad / sponge / diaphragm
## 15. Direct Questions *ask if relevant*

<table>
<thead>
<tr>
<th></th>
<th>Since assault</th>
<th>Details</th>
<th>If yes, note if previously experienced the problem described</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abdominal pain</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urinary symptoms</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. dysuria, frequency, haematuria, incontinence, UTI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Genital symptoms</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. soreness, discharge, bleeding, dyspareunia, pruritis, injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bowel symptoms</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. soreness, pain on defaecation, discharge, bleeding, change in bowel habit, incontinence, pruritis, injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. Sexual History

(note who was present when taken) Asked to assist with interpretation of forensic evidence and medical aftercare – for the latter the time frame may need to be extended to ‘since last normal menstrual period’

Dates and times of other relevant sexual activity within the previous 10 days ________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Items used in previous intercourse

<table>
<thead>
<tr>
<th>Condom</th>
<th>NOT KNOWN / NO / YES</th>
<th>Spermicide</th>
<th>NOT KNOWN / NO / YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lubricant</td>
<td>NOT KNOWN / NO / YES</td>
<td>Other (specify)</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

If relevant, clarify types of intercourse in last 10 days only: ____________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

17. Drug and Alcohol Use In Relation To Assault

Was alcohol consumed? NOT KNOWN / NO / YES

If yes, please specify Prior / During / After Offence

Start of drinking __________________________       End of drinking ___________________________

Quantity and type of beverage consumed __________________________________________________

Time last ate ________________________________________________________________________

Have any illicit drugs been used by/administered to the subject within 4 days of the examination?

NOT KNOWN / NO / YES

If yes, please specify Prior / During / After Offence

Give details __________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Are any other substances suspected of having been used by/administered that could be relevant to the offence?

If yes, please specify Prior / During / After Offence

Give details __________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

If applicable – drugs/alcohol history _____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
18. **General Examination**

Name(s) of persons present ____________________________________________________________

__________________________________________________________________________________

Height _______________________________       Weight _______________________________

General appearance ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Skin (colour, gooseflesh etc) __________________________________________________________

Hair *(record hair style, last wash and if and approximate time of any added hair dye)*

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Demeanour/ behaviour ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Speech *(e.g content, form)* __________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Pre-existing physical problems *(note type)* ______________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
<table>
<thead>
<tr>
<th>Body Part</th>
<th>Examined</th>
<th>Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scalp/hair:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Face:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Eyes:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Ears:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Lips:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Inside mouth/palate:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Teeth:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Neck:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Back:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Buttocks:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Arms:</strong></td>
<td>R Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Hands/wrists:</strong></td>
<td>R Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td>Note if R or L handed</td>
<td></td>
</tr>
<tr>
<td><strong>Fingers/nails:</strong></td>
<td>R Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td>Note if cut/broken/false</td>
<td></td>
</tr>
<tr>
<td><strong>Front of chest:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Breasts:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Abdomen:</strong></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Legs:</strong></td>
<td>R Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Feet/ankles/soles:</strong></td>
<td>R Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td><strong>Additional details:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 19. Systems Examination

<table>
<thead>
<tr>
<th>CVS</th>
<th>Pulse rate / character ______________________________</th>
<th>BP ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heart sounds____________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other findings __________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>_______________________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>RS</td>
<td>Trachea / Air entry / PN etc _________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Breath sounds ___________________________ PEFR (if indicated) ______________________________</td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>L.K.K.S ____________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tenderness / Masses ________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bowel sounds __________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>CNS</td>
<td>Pupil size and reactions ____________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye movement / nystagmus ____________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conjunctivae __________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conscious level ______________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance / Coordination ______________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reflexes ___________________________________________ Tremor _________________________________</td>
<td></td>
</tr>
</tbody>
</table>
20. Genital and Anal Examination  

Tick as indicated

- Extra lighting
- Colposcope
- Additional magnification

Position used

- Separation  YES/NO
- Left lateral  YES/NO
- Traction  YES/NO
- Supine  YES/NO

Details of female genital findings

Thighs
Mons pubis
Pubic hair
(shaved, cut)
Labia majora
Labia minora
Clitoris
Fourchette
Fossa Navicularis
Vestibule
Hymen (diagram when indicated)

Internal findings (if applicable)

Vaginal wall

Cervix

Size of speculum used: size and type:

Foley catheter used  YES / NO
- Amount of air in balloon
- Diameter of inflated balloon

Sterile water used: YES / NO  Batch Number  Expiry Date

Lubricant used: YES / NO  Type:
Details of Anal findings

Natal fold

Perianal / Anal margin

Internal findings

Proctoscope used: size and type:

Sterile water used: YES / NO  Lubricant used YES / NO  Type

Details of Male Genital Findings

Thighs
Pubic Area
Pubic Hair
Scrotum
Testes
Penis
Foreskin
# 21. Forensic Samples

*do not complete if FME forms are used*

<table>
<thead>
<tr>
<th>Identification number</th>
<th>Description of sample</th>
<th>Moistened Yes / No</th>
<th>Time taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To whom handed: ________________________________________________________________

Date and Time samples handed over: ________________________________________________________________
22. Medical Samples
List any samples obtained
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

23. Photographs
List any photographs/videos/DVDs obtained
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

24. Conclusions / Advice Given to Police
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Confidential Medical Aftercare can be detached

A. RISK OF SEXUALLY TRANSMITTED INFECTIONS

The complainant’s risk of contracting a sexually transmitted infection should be considered in every case. Local policy will determine what medication is available on site and what will be provided by other agencies. The following sections should be completed to demonstrate discussion and referral/treatment.

Detail of exposure:
Date / time of assault _______________________ Time interval to examination _______________________
Type of exposure: Anal receptive / vaginal receptive / oral receptive / splash semen to eye
Other _______________________

Ejaculation occurred? NOT KNOWN / NO / YES
Condom used throughout? NOT KNOWN / NO / YES

Aggravating factors e.g. injuries in contact with assailant’s blood or semen Yes / No

Assailant details:
Sexuality: MSM / heterosexual / unknown
IVDU Yes / No / Unknown
UK-born Yes / No / Unknown but probably
Foreign born / lived Yes / No / Unknown but probably
Country ___________________ High risk / Low risk
HIV status: positive / negative / unknown

Ai. HIV PEP

According to SARC flowcharts/local policy HIV PEP is:
Not appropriate / to be considered / recommended

Is complainant;
<16 years old / pregnant / breast feeding / suffering serious medical condition? Yes / No

(If yes to any of these discuss with GU on call and document outcome) ________________________________

Where PEP to be considered or recommended, either refer urgently to appropriate agency or follow local treatment guidelines
If treatment to be given on site discuss with complainant:
Rationale / Potential side effects / regime / importance of compliance & follow up.  Yes / No

Starter pack given  Yes / Declined

Batch no ___________________________  Exp Date ________________________________

Time of first dose PEP (if given on site) or referral to GUM/A&E for PEP ________________________________

Patient info sheet given:  Yes / No

GUM form faxed to GU clinic  Yes / No

Clinic contact number given to client  Yes

Aii. Hep B PEP
According to SARC flowchart/local policy Hep B Pep is:  Not appropriate / Recommended
According to SARC flowchart/local policy Hep B Immunoglobulin is:  Not appropriate / Recommended
Where Hep B Pep is recommended either refer to appropriate agency or follow local treatment guidelines

Hep B Pep/Immunoglobulin  Yes / Declined

Name of injection  __________________________________________________________________________

Site ___________________________  Batch no ___________________________  Exp date ___________________________  Dose ___________________________

Patient info sheet given  Yes / No

GP / GUM letter  Given to complainant / Faxed / To be posted

Details _____________________________________________________________________________________

Clinic contact number given to client if attending GU clinic  Yes

Aiiii. Chlamydia / Neisseria Gonorrhoea / Others
According to SARC flowchart/local policy antibiotics are:  Not appropriate / To be considered
Where antibiotics are to be considered, either refer to appropriate agency or follow local treatment guidelines

Antibiotics given  Yes / Declined

Name of antibiotics  __________________________________________________________________________

Batch no ___________________________  Exp date ___________________________  Dose ___________________________

Patient info sheet given  Yes / No

GP / GUM letter  Given to complainant / Faxed / To be posted

Details _____________________________________________________________________________________

Clinic contact number given to client if attending GU clinic  Yes

Aiv. Safer Sex
(barrier methods advised for 3 months post assault) discussed.  Yes / Not indicated
B. EMERGENCY CONTRACEPTION

Pregnancy test at centre?   YES / NO   result ______________________________________

LMP _______________  Hours post unprotected sexual intercourse (UPSI) _______________

Other unprotected sexual intercourse since LMP? _______________________________________________

Not appropriate ___________________________________

Declined ___________________________________________

Other ______________________________________________

Levonelle given  Batch number _______________  Expiry date _______________

Follow up advice  Yes / No

IUCD Considered / discussed / recommended ____________________________________________________

C. SELF HARM RISK

Any specific concerns arisen regarding imminent risk of self harm?  Yes / No

Further information / action ________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

D. GP LETTER

Name of GP _______________________________________________________________________________

Surgery address _____________________________________________________________________________

Surgery telephone number ____________________________________________________________________

Permission to send letter  Yes / No

Given to complainant:  Yes / No  Posted to GP:  Yes / No

PLEASE REMEMBER TO KEEP COPY IN THE NOTES OF ANY LETTERS TO OTHER AGENCIES such as GP, GU clinic, A&E etc.
Name of Complainant  Date

**Additional Notes** (use additional information page as required and tag to this form)

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Time notes concluded __________________________________________________
Signature of FP _______________________________________________________

Page 20 of 20