

**ASSESSMENT AND DOCUMENTATION CHECKLIST
ADULT/CHILD SEXUAL ABUSE**

PATIENT INFORMATION:

Name _____ County of Residence _____
Date _____ DOB _____ Sex _____
Jurisdiction (*County where abuse was alleged to occur*) _____

MEDICAL AND SOCIAL HISTORY: (include quotes)

Source: _____ Persons present: _____

Previous medical or surgical history:

Current medications: _____

Allergies: _____

Previous allegation of abuse: Yes No

Familial history of abuse: Yes No

Patient's statement of any past incidents of abuse/neglect/exploitation:

Patient's statement of how injuries occurred:

Medical Symptoms:

_____ Dysuria	_____ Enuresis (functional)
_____ Vaginal discharge	_____ Vaginal Bleeding
_____ Constipation	_____ Rectal Bleeding
_____ Encopresis (functional)	_____ Other _____

_____ **Behavioral Symptoms:**

_____ Eating disturbances _____ Masturbation
 _____ Sleep disturbances _____ Other _____
 _____ Unusual fears: _____

_____ **PHYSICAL EXAMINATION:** (include quotes)

_____ **Describe location and extent of injury or condition:**
Pelvic exam is not indicated unless vaginal tear/injury is evident.

	NORMAL	ABNORMAL (Comments)
General appearance		
HEENT		
Dental/oral		
Neck		
Chest		
Heart		
Pulses		
Abdomen		
Extremities		
Neuro		
Skin		

_____ **BHCG**

_____ **Standard Cultures**

_____ **Gonorrhea** Vaginal Rectal Throat Urethra

_____ **Chlamydia** Vaginal Rectal Throat Urethra

_____ **Gram stain of any genital or anal discharge**

_____ **Wet prep for trichomonas** (site of specimen collected)

_____ **Herpes culture** (site of specimen collected)

_____ **Other** _____

_____ **SEROLOGY**

_____ **HIV** _____ **Hepatitis B** _____ **Surface Antigen** _____ **RPR**
 _____ **Hepatitis C** _____ **Surface Antibody**

_____ **Serum Alcohol Urine Drug Screen** (when applicable)

ANAL-GENITAL EXAMINATION: (include quotes)

Describe location and extent of injury or condition:

General - Male/Female

Tanner Stage:	Breast 1 2 3 4 5	Genital 1 2 3 4 5
Inguinal Adenopathy:	Normal	Abnormal
Medial Aspect/thighs:	Normal	Abnormal
Perineum:	Normal	Abnormal
Vulvovaginal Discharge:	Yes	No
Urethral Discharge:	Yes	No
Condyloma Acuminata:	Yes	No

Anus - Male/Female

Buttocks:	Normal	Abnormal
Perianal Skin:	Normal	Abnormal
Anal Verge/Folds/Rugae:	Normal	Abnormal
Perianal bruises/tears	Normal	Abnormal (document in clockface description)
Anal Spasms:	Yes	No
Anal Laxity/Tone:	Yes	No
Stool in Rectal Ampulla:	Yes	No
Anoscopic Exam:	Yes	No
Proctoscopic Exam:	Yes	No

Exam Position: Supine Yes__ No__ **Knee/Chest** Yes__ No__

Lateral Yes__ No__

FEMALE*

Labia Majora:	Normal/Non-injury	Abnormal/Injury
Labia Minora:	Normal/Non-injury	Abnormal/Injury
Clitoris:	Normal/Non-injury	Abnormal/Injury
Periurethral Tissue:	Normal/Non-injury	Abnormal/Injury
Perihymenal Tissue:	Normal/Non-injury	Abnormal/Injury
Hymen:	Normal/Non-injury	Abnormal/Injury
Vaginal Vault:	Normal/Non-injury	Abnormal/Injury

Diameter: Horizontal _____ Vertical _____
Shape: Crescentic _____ Annular _____ Redundant _____
Thickness _____ **Irregular** _____ **Narrow** _____ **Exposure** _____

MALE

Penis:	Normal/Non-injury	Abnormal/Injury
Circumcised:	Yes	No
Urethral Meatus:	Normal/Non-injury	Abnormal/Injury
Scrotum:	Normal/Non-injury	Abnormal/Injury
Testes:	Normal/Non-injury	Abnormal/Injury

____ **DESCRIPTION OF ABNORMAL FINDINGS:**

____ **BODY INJURY MAP AND NARRATIVE**

(Indicate and describe injury, condition, and complaints of pain)

*Prepubertal children – No speculum examination is warranted unless under anesthesia and only if blood exudes from vaginal vault.

OVERALL IMPRESSION:

DESCRIPTION OF TREATMENT AND INTERVENTION PROVIDED:

_____ **Post coital pregnancy prophylaxis** (pubertal child; event < 72 hours)

_____ Ovral

_____ **Gonorrhea** (pubertal)

(prepubertal)

_____ **Chlamydia** (pubertal)

(prepubertal)

_____ **Trichomonas Vaginalis**

(pubertal)

(prepubertal)

Refer to current published standards for sexually transmitted diseases.

COLLECTION OF OTHER EVIDENCE

(i.e. sexual assault exam kit)

FOLLOW-UP HEALTH CARE SERVICES (if needed)

(e.g. physical therapy, medication, x-ray, etc.)

_____ **PHOTOGRAPH(S)** (of injury/condition) (include scale)

_____ **COLPOSCOPY EXAMINATION**

_____ **PATIENT EDUCATION:**

_____ Informational brochures provided:

_____ **NOTIFICATION** (to local DCBS, Cabinet for Families & Children, of suspected abuse/neglect/exploitation)
Date/Time _____
Reported to _____
By _____

_____ **COMMUNITY REFERRALS:**
_____ Local Dept. for Community Based Services
_____ Health Department
_____ Rape Crisis Center
_____ Community Mental Health Center
_____ Personal Physician
_____ Law Enforcement
_____ County/Commonwealth's Attorney
_____ Visiting Nurse Service
_____ Spouse Abuse Center
_____ Other _____
_____ Other _____
_____ Other _____