

# Sample Medical History Form for Sexual Assault/Abuse Exam

(Institutional Forms May be Substituted)

Patient Information			
Patient name	DOB	Sex	Race
SS#	Phone number		
Address			
City	State	Zip	
Vital Signs (as warranted)			
Admission	P	R	BP
Discharge	P	R	BP
Medical History			
Allergies			
Last tetanus			
Current medications			
Acute illnesses			
Past surgeries			
LMP	Gravida	Para	
Contraception used?		Type	
Approximate weight		Height	
Family physician			
Gynecologist			
Physical Examination			
General appearance (including condition of clothing)			
Emotional status (objective observation)			
Pertinent general physical findings (also mark pictures)			

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Body Surface (locate and describe injury, draw findings on pictures)

Mouth/face \_\_\_\_\_

Head/neck \_\_\_\_\_

Back/buttocks \_\_\_\_\_

Chest/breast \_\_\_\_\_

Abdomen \_\_\_\_\_

Upper extremities \_\_\_\_\_

Lower extremities \_\_\_\_\_

External genitalia (describe Tanner stage and general appearance)

### Female

Perineum

Periurethral area

Urethra

Anus

Rectum

Labia majora

Clitoris

Vestibule

Posterior fourchette

Fossa navicularis

## Sample Medical History Form for Sexual Assault/Abuse Exam

Vagina
Vaginal discharge
Hymen
Cervix
<b>Male</b>
Glans penis
Penis foreskin
Penis shaft
Testicles
Discharge from penis
Anus
Rectum
Names of medical personnel present during the exam
_____
Nurse or physician completing form—print name
_____
Nurse or physician completing form—signature

