

SEXUAL ASSAULT EXAMINATION DATABASE

THIS FORM MUST BE COMPLETED BY THE EXAMINER FOR ALL EXAMINATIONS DONE BY SANE REGARDLESS OF WHETHER OR NOT A KIT WAS USED. COPY OF DATABASE SHOULD BE SENT WITH QUARTERLY REPORT.

Victim Demographics

Patient's age: _____ Sex: Male Female Marital Status: M S D W
Ethnicity Caucasian African American Asian Hispanic Other _____
City/State of Residency: _____ College Student? Yes No
Accompanied by Police Crisis Family Friend Other _____
Pt states alcohol use? Yes No Not documented Pt states drug use? Yes No Not documented
Does patient have a disability? Yes No If, yes, describe _____

Assailant(s) Demographics

Sex: Male Female Number of assailants _____
Relationship(s) of assailant(s) to victim: Spouse Relative Acquaintance Date Unknown
Pt states alcohol use by assail? Yes No Not documented Drug use by assail? Yes No Not documented
Was a weapon used? Yes No If yes, describe _____

Assault Demographics

Did assault occur on college campus grounds? Yes No Is this a possible bias (hate) crime? Yes No
City/State location of assault: _____ Specific location (home, outdoors, etc.): _____

Time Line

Date of assault: _____ Time: _____
Date of ED visit: _____ Time of arrival: _____
Time of contact with SANE/Examiner _____ Time patient brought into exam room _____
Patient discharge time: _____

Exam

Type of Exam: sexual assault/abuse physical assault/abuse
Exam performed at (facility name): _____
Kit used? Yes No Kit number used _____ If no, why not? _____
Predatory drug panel sent? Yes No Results: Negative Positive
Comments (name of drug(s), if positive) _____
Pregnancy test done? N/A Yes No If no, why not? _____ Negative Positive
Pregnancy prophylaxis? N/A Yes No If no, why not? _____
STI prophylaxis? N/A Yes No If no, why not? _____
Hepatitis risk assessment? N/A Yes No Hepatitis prophylaxis? Yes No
HIV risk assessment? Yes No CCC contacted? Yes No If no, why not? _____
HIV prophylaxis recommended? Yes No Prophylaxis started? Yes No Declined
Photographs taken? Yes No By: SANE Police Type of camera _____

Reporting

Status: Reported to law enforcement Not reported Date/time reported: _____
Law enforcement agency reported to: _____ Investigating agency: _____
Chain of evidence verification completed? Yes No
Kit released to (dept. and officer): _____ Date _____ Time _____
If under 18 yrs, DCF notified? Yes No If no, why not? _____
Billing Exception Form forwarded to Crime Victim Services? Yes N/A

Rape Crisis

Crisis called? Yes No Name of crisis unit responding: _____
Met with victim? Yes No If no, why not? _____

Follow -up

Follow-up appointment discussed? Yes No To follow up with whom? _____
Arrangement made for follow-up call to victim? Yes No

SANE/Examiner Name _____ Physician _____