

# SECTION B: VICTIMS MEDICAL HISTORY AND SEXUAL ASSAULT/ACCIDENT INFORMATION

1. Victim's Name:..... (PLEASE PRINT)
2. Date of Birth ..... 3. ☐ Male ☐ Female 4. Ethnicity ..... \*Nationality ..... Race .....
5. Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
6. Date and time of alleged assault/Accident: ..... / ..... / ..... :AM ..... :PM
7. Date and time of Hospital Examination: ..... / ..... / ..... :AM ..... :PM Which Hospital / Clinic ..... Contact No. / Tel: .....
8. Examining Physician..... 9. Nurse (Name).....
10. Between the assault and now, has the victim:
- ☐ Bathed / Showered ☐ Used Mouth Wash ☐ Defecated
- ☐ Douched ☐ Changed Clothes ☐ Vomited
- ☐ Brushed Teeth ☐ Urinated ☐ Drunk
11. Was there penetration of the
- |        |  | Attempted                | Successful               | Ejaculated               | Yes                      | No                       | Unsure                   |
|--------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Vagina |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mouth  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anus   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
12. Oral / Genital Sexual Contact ☐ Fellatio ☐ Cunnilingus
13. Did assailant use: ☐ Lubricant ☐ Condom ☐ Insert Foreign object(s).....
14. Was the victim menstruating at the time of the assault: ☐ YES ☐ NO
15. Any consensual coitus in the last 72 hours? ☐ YES ☐ NO
- If yes, date:..... and time.....
- If yes, was a condom used? ☐ YES ☐ NO
16. Is the victim pregnant? ☐ YES ☐ NO
- If yes, duration of the pregnancy.....
17. Any injuries to the victim resulting in bleeding? ☐ YES ☐ NO
- If yes, describe.....
18. Number of assailant(s) .....
19. Ethnicity / Race of assailants(s) if known.....
20. Assailant(s) relationships to victim:.....
- ☐ Stranger ☐ Acquittance ☐ Relative (Specify).....
21. Any injuries to the assailants(s) resulting in bleeding? ☐ YES ☐ NO ☐ Unsure
- If yes, describe.....
22. Was any medication taken by the victim prior to or after the assault? ☐ YES ☐ NO
- If yes, describe.....
23. Was any coercion used? ☐ YES ☐ NO ☐ Sweets ☐ Money ☐ Gifts ☐ Others
- Was any treats used? If yes ☐ Knife ☐ Gun ☐ Stick ☐ First ☐ Verbal Threats ☐ Others.....
24. Emotional demeanor of the victim; i.e., Crying, Angry, Agitated, Lethargic, Frightened, Shocked, Depress etc.
25. Description of the Victim's outward appearance; i.e, Clothes torn, Shoe(s) missing etc:
26. Victim's (SUMMERY) description of the alleged assault / Accident (REFER TO VICTIM'S STATEMENT)