

## Forensic Nursing Intervention Form - MLC Case

Patient Name:	
Age:	
Sex:	
Incident Type:	
Date & Time of Examination:	
Preliminary Observations:	
Final Opinion:	

### Incident-Based Details (leave others blank):

#### Poisoning

Substance Suspected:	
Mode of Intake:	

#### Burn Injury

Burn Cause:	
Burn Surface Area %:	

#### Injury (Blunt/Sharp)

Weapon Type:	
Injury Description:	

#### Assault (Physical/Sexual)

Type of Assault:	
Clothing Condition:	

#### Child Abuse

Signs of Abuse:	
Consent from Guardian:	