Subjective Data:

Medical staff on site:  □ Yes  □ No

Non-consensual sexual contact reported by:  □ Inmate
□ Security Officer: (Name): __________________________ Date: ________ Time: ________
□ Case Manager: (Name): __________________________ Date: ________ Time: ________
□ Other: (Name): __________________________ Date: ________ Time: ________

Name of facility head/designee notified if reported by inmate: __________________________

Chief complaint:

Time of incident or of most recent contact: __________________________ Location of Incident:

Type of contact:  □ Oral  □ Anal  □ Vaginal  □ Skin to skin contact  □ No skin to skin contact

Penetration by:  □ Penis  □ Finger  □ Object Describe: __________________________  □ Other Describe: __________________________

Brief summary of incident (Do not include perpetrators name):

________________________________________________________________________________________________________________________

Is there visual or reported physical injury:  □ Yes  □ No  If “Yes” describe injuries, location and how the injuries were inflicted:

________________________________________________________________________________________________________________________

Did the victim experience any of the following? (Check all that apply) If inmate experienced any of the following the victim must be evaluated by the ER prior to forensic examination.

□ Strangulation  □ Loss of consciousness  □ Altered level of consciousness  □ Assault by instrumentation  □ Physical injury

Has the alleged inmate performed any of the following post assault activities since last contact? (Check all that apply)

□ Change clothes  □ Unurinated  □ Defecated  □ Bathed

Note: Do not have the inmate change clothes. Have the inmate take a change of clothes to the forensic examination. If recent contact, discourage but do not forbid urination.

Objective Data: (clinically indicated VS)

BP ________Pulse ________ Resp. ________ Temp. ________ Wt. ________ O2 sats. ________ FSBS: ________

CRITERIA FOR FORENSIC EXAMINATION: Health care provider and CHSA must be called if not on site or if after clinic hours. CHSA will notify the warden, facility head or his/her designee. The Fugitive Apprehension and Investigations Unit is responsible for determining when a comprehensive sexual assault exam is necessary.

□ Last contact < 120 hours (5 days)
□ Skin to skin nonconsensual sexual contact to includes but not limited to penetration

NOTIFY SECURITY FOR:

□ Sexual harassment
□ No skin to skin contact (such as inappropriate touching over clothes) unless there is visual injury

ER/Forensic Examiner Notified: Date: ________ Time: ________ Name of ER/Forensic Examiner: __________________________ Transport Time: ________

Health Care Provider: __________________________ Date: ________ Time: ________

Orders Received for Treatment: □ Yes  □ No

Plan: Interventions: (check all that apply)

□ Check in assessment only for health care providers visit.
□ Refer to health care provider next working day.
□ Refer to QMHP next working day.
□ Refer to dental provider next working day if indicated (oral contact or injury).
□ Obtain history in a private, quiet environment.
□ Instruct the victim on importance of medical, mental health and dental follow-up.
□ Education/Intervention: Instructed to follow-up sick call with medical and mental health care, treatments and medications. Inmate verbalizes understanding of instructions.

Progress Note:

Health Care Provider Signature/Credentials: __________________________ Date: ________ Time: ________

RN/LPN Signature/Credentials: __________________________ Date: ________ Time: ________

CHSA Signature/Credentials: __________________________ Date: ________ Time: ________

Inmate Signature/Credentials: __________________________ Date: ________ Time: ________

Inmate Name

(Last, First)  DOC #