SANE of Butler County

Case #_____
All Page Case
Primary Case
Backup Case
Holiday Case
Backup Case

(PATIENT ID STICKER HERE)

EXAM INFORMATION:

Location of Exam (Hospital): _____ SANE RN:_____

Date of Exam: _____ Time Called Out:_____ Arrival:_____ Case End:_____

MD Report to: _____ RN Report to: _____ Advocates: #_____ Bedside / Waiting Rm / None

DFSA Indicated: Yes / No DFSA: Yes / No / Declined Kit Given to Security: Y / N

Did patient want to engage with LE prior to SANE response? Yes / No (if no then perform reporting during consent)

PATIENT INFORMATION:

Patient Name:_____ DOB:_____ Gender: M / F / T Guardian Present: Y / N

Patient Phone #:_____ Patient Address:_____

SSN:_____ Student: Y /N Location:_____

Hospital Acct Number:_____ Inmate: Y / N Location:_____

Jane Doe ID:_____ Nursing Home: Y / N Location:_____

REPORTED PERPETRATOR INFORMATION:

Relationship to patient: Acquaintance / Spouse-Partner / Fellow Student / Caregiver / Family Member / Parent-Guardian / Unknown

Age :_____ Gender: M / F/ Transgender / Unknown Misc Notes:_____

ASSAULT INFORMATION: *(dispatch can assist with appropriate law enforcement jurisdiction)*

Date of Assault:_____ Time of Assault:_____

City or County:_____ Location / Address of Assault:_____

LE Agency:_____ At Bedside: Y / N

Crime reported TO: _____ Time: _____

Reporting completed by: SANE / Social Worker:_____

Kit Location Reported to:_____ Time:_____

CPS/APS/ODH (include agency and name of personnel)

Agency:_____ Name:_____ Time:_____

MANDATORY REPORTING INFORMATION:

Cincinnati PD jurisdiction exams: mandated reporting made to Personal Crimes supervisor.

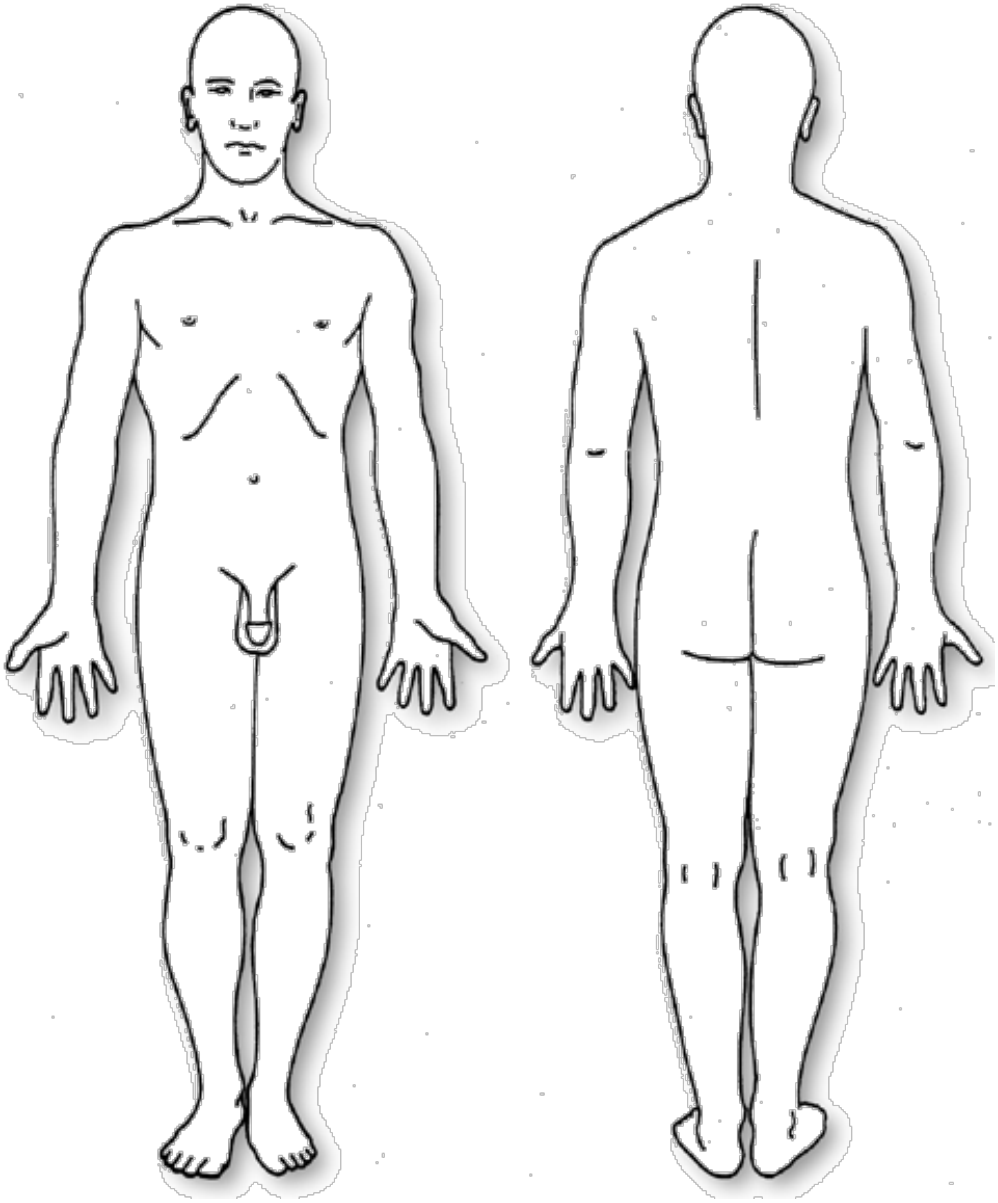
1. Contact personal crimes at 513-352-3542 ask name of on call or working supervisor
2. Contact supervisor directly by cell:

Lieutenant Craig Gregoire	(513) 633-6500
Sergeant Dave Simpson	(513) 678-2067
Sergeant Lakisha Gross	(513) 289-5989
Sergeant Jennifer Jones	(513) 478-0965

Injury/Examination Findings

Patient Name:_____ SSN:_____ DOB:_____

Law Enforcement Name:_____ Location of Exam:_____



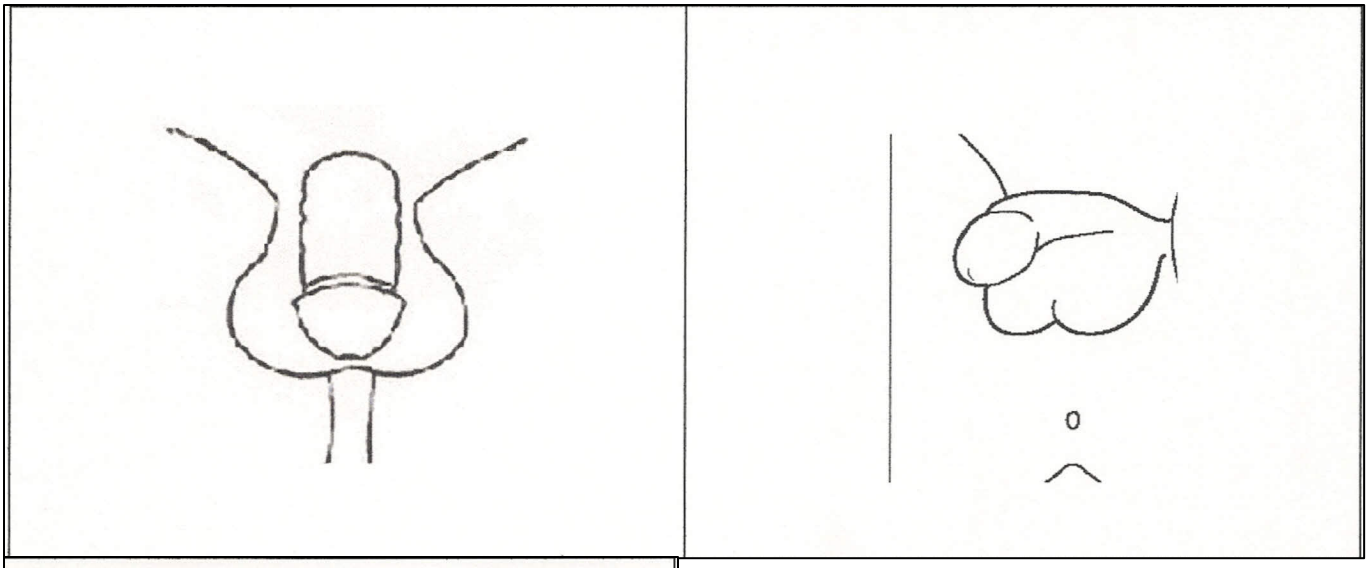
Indicate the location, shape and type of injury or examination findings: may include but not limited to - Tears, Lacerations, Erythema, Abrasions, Redness and/or Swelling

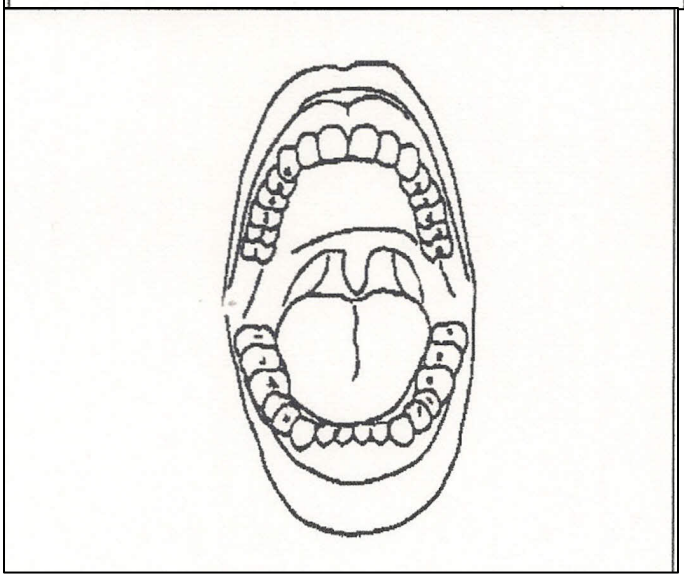
Forensic Examiner Signature_____ Date:_____

Injury/Examination Findings

Patient Name:_____ SSN:_____ DOB:_____

Law Enforcement Name:_____ Location of Exam:_____





Method(s) of Examination:

_____ Direct Visualization
_____ Speculum/Scope
_____ Toluidine Blue
_____ Scope
_____ Woods Lamp/ALS
_____ Digital Photography
_____ Other_____

Indicate the location, shape and type of injury or examination findings: may include but not limited to - Tears, Lacerations, Erythema, Abrasions, Redness and/or Swelling

Forensic Examiner Signature_____ Date:_____

SANE of Butler County

www.SANEofButlerCounty.org

Examination Information

Law Enforcement:

Name of Law Enforcement Entity:_____

Date of Request:_____ Time of Request:_____

Name of Detective/Personnel:_____

Patient Information:

Patient Name:_____ SSN:_____

DOB:_____ Time of Exam:_____

Location of Exam:_____

Exam Consent: ***Reminder (Assure Miranda Rights Have Been Read)

_____ Consensual: Is consent signed Yes / NO

_____ Warrant : Is warrant information correct? Yes / No
(Copy of warrant must be attached)

Forensic Examiner:

Name:_____ Signature:_____

Witness:_____ Signature:_____

SANE of Butler County

www.SANEofButlerCounty.org

Consent for Examination

I, _____ (patient name); voluntarily consent to this medical forensic examination and collection of biological samples and forensic photography. I have received a detailed description of the scope of the process for collection and understand that I may withdraw my consent to any or all parts of the examination at any time. I understand that this examination is being performed by SANE of Butler County by the request of law enforcement and this exam and contents may be used to aid in investigation in the said crime that law enforcement is investigating. I understand that I may consent to the examination but decline any forensic interviews at any time. I authorize the release of exam content and documentation and photography and other identifying data to the appropriate law enforcement entity along with evidence, information, clothing, colposcope or digital photography documentation of injuries or other examination findings.
I am under no distress and voluntarily consent to the forensic examination.
I understand the forensic examination may include (but not limited to) blood, saliva or other DNA collection.

Patient Signature:_____ Date:_____

Patient SSN:_____ Patient DOB:_____

Witness Signature:_____ Date:_____

Witness Signature:_____ Date:_____

SANE of Butler County

www.SANEofButlerCounty.org

Chain of Custody

Sexual Assault Evidence Collection Kit Clothing Bag _____

Clothing Bag _____ Clothing Bag _____

Clothing Bag _____ Other _____

Items released by:

_____ _____

Nurse/Physician—print name Hospital/Facility and City

_____ _____

Nurse/Physician—signature Date and Time

Items received by:

_____ _____

Law Enforcement—print name Agency

_____ _____

Law Enforcement—signature Date and Time

Patient Name:_____ SSN:_____ DOB:_____

Law Enforcement Name:_____ Location of Exam:_____

Notes:_____

_____

_____

_____

_____

SANE of Butler County
7182 Liberty Centre Drive, Suite N
West Chester, Oh 45069
www.saneofbutlercounty.org
Phone: 513.889.5435
Fax: 1.866.444.7263
Answering Service: 1.800.642.9961

Spontaneous Statements:

Date:_____ Time:_____
Activity occurring when statement made:_____

Statement made by patient:_____

_____

Examiner Comment:_____

Date:_____ Time:_____
Activity occurring when statement made:_____

Statement made by patient:_____

_____

Examiner Comment:_____

Date:_____ Time:_____
Activity occurring when statement made:_____

Statement made by patient:_____

_____

Examiner Comment:_____

Date:_____ Time:_____
Activity occurring when statement made:_____

Statement made by patient:_____

_____

Examiner Comment:_____

SANE of Butler County

www.SANEofButlerCounty.org

Narrative Information

Patient Name:_____ SSN:_____ DOB:_____

Law Enforcement Name:_____ Location of Exam:_____

SANE of Butler County

(PATIENT ID STICKER HERE)

OTHER FINDINGS: **(note: measurements are for generalized findings and not tattoos or piercings)**

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Type: _____ Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Type: _____ Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Type: _____ Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

SANE of Butler County

(PATIENT ID STICKER HERE)

PAIN FINDINGS:

ID Label _____ Pain Scale (0-10): _____ Body Location: _____

Pain Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Pain Scale (0-10): _____ Body Location: _____

Pain Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Pain Scale (0-10): _____ Body Location: _____

Pain Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

SANE of Butler County

(PATIENT ID STICKER HERE)

SWABS OBTAINED:

ID Label _____ Body Location: _____

ALS (Circle one) Negative Positive Description : _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

ALS (Circle one) Negative Positive Description : _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

ALS (Circle one) Negative Positive Description : _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

SANE of Butler County

(PATIENT ID STICKER HERE)

PHYSICAL FINDINGS:

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Wound Type: _____ Description:_____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Wound Type: _____ Description:_____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Wound Type: _____ Description:_____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

SANE of Butler County

(PATIENT ID STICKER HERE)

DEBRIS FINDINGS:

ID Label _____ Body Location: _____

Debris Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

Debris Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____

ID Label _____ Body Location: _____

Debris Description: _____

PATIENT Statement: _____

_____

EXAMINER Comment: _____

_____