



PLACE THIS FORM INSIDE THE KIT AND INSIDE DETECTIVE PACKET

(PATIENT ID STICKER HERE)



**This is an electronic medical record. The examination documents / photos are available online by accessing the SANE of Butler County Athena Database. Follow instructions to access:**

- Go to [www.saneofbutlercounty.org](http://www.saneofbutlercounty.org)
- click "Login" at the top left of screen by our logo
- Click the Athena Logo to access the database
- Not Registered? You can register for access on the login page

**EXAM INFORMATION:**

Date & Time of Exam: \_\_\_\_\_ Facility: \_\_\_\_\_ Examiner: \_\_\_\_\_

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F / T MRN: \_\_\_\_\_

**REPORTED PERPETRATOR INFORMATION:**

Relationship to patient: \_\_\_\_\_ Gender: \_\_\_\_\_

**ASSAULT INFORMATION:**

Date of Assault: \_\_\_ / \_\_\_ / \_\_\_ Time of Assault: \_\_\_ : \_\_\_ AM or PM  
Location / Address of Assault: \_\_\_\_\_

**ASSAULT INFORMATION**

Law Enforcement Agency for kit jurisdiction: \_\_\_\_\_  
Crime reported TO: \_\_\_\_\_ Time: \_\_\_\_\_  
Was kit given to hospital security? Yes. / No  
Kit Location Reported to: \_\_\_\_\_ Time: \_\_\_\_\_