



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

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: **20170918SKTR** Nursing Home: Y / N Location: _____
 Disabilities: Physical / Mental / Intellectual / Visual / Hearing / Other: _____

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: _____

MANDATORY REPORTING INFORMATION: *(assault must be reported to **dispatch** unless officer is at bedside)*

Investigating Law Enforcement Agency: _____ At Bedside: Y / N
 Officer/Dispatcher CRIME reported to: _____ Time: _____
 Officer/Dispatcher KIT LOCATION reported to _____ Time: _____
 Other agency notified: CPS / APS / ODH Agency: _____ Time: _____

NOTE: YOU SHOULD ALWAYS CONTACT COUNTY DISPATCH TO ASSURE PROPER PD JURISIDCTION
 CINCINNATI PD CASES: Kit location must be reported to PERSONAL CRIMES (513) 352-3542