

(PATIENT ID STICKER HERE)

EXAM INFORMATION:

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

Date /Time of Page: _____ Arrival Time: _____ Comment: _____

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

DFSAs Indicated?: Yes / No **DFSAs collected?:** Yes / NA / Declined

Name of personnel forensic chart given to at hospital: _____

PATIENT INFORMATION:

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

Patient Phone #: _____ Patient Address: _____

SSN: _____

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

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

REPORTED PERPETRATOR INFORMATION:

Relationship to patient: **CIRCLE ONE**: Acquaintance / Partner / Student / Caregiver / Family / Parent-Guardian / Unknown

Estimated Age: _____ Gender: M / F / Transgender / Unknown Other: _____

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

Date of Assault: ___ / ___ / ___ Time of Assault: ___ : ___ AM or PM

Location / Address of Assault: _____

<p>LE Agency for kit jurisdiction: _____ At Bedside: Y / N</p> <p>Crime reported TO: _____ Time: _____</p> <p>Kit Location Reported to: _____ Time: _____</p> <p>CPS/APS/ODH (include agency and name of personnel)</p> <p>Agency: _____ Name: _____ Time: _____</p>	<p>For UC exams:</p> <p>Did social worker perform mandate reporting? (circle one) Yes / No</p> <p>Name of SW: _____</p>
--	--