



DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

Patient's Name _____

DOB _____ Hospital Medical Record No. _____

Patient Label

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

Medical Forensic Exam and Evidence Collection (patient of any age. If patient is unable to provide consent due to age or mental status, consent may be obtained from parent or guardian, please circle.)

Initial one choice _____ I consent to _____ I decline a medical forensic exam and evidence collection. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample. I understand that I will not be directly billed for any outpatient portion of the medical forensic exam. If declined, I understand that I can return to any treatment facility within 7 days of the assault and request that a medical forensic exam and evidence collection be completed.

Photographic Evidence (must be 13 years old or older. If under 13 years old, consent may be obtained from parent or guardian, please circle)

Initial one choice _____ I consent to _____ I decline the collection of photographic evidence. I understand that these photos may include injuries and photos of my genital area. I understand that law enforcement may request photos independent of the medical forensic exam if I choose to report to law enforcement.

Reporting Decision and Evidence Analysis (must be 13 years old or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS) **Choose option A, B, OR C and initial the choice.**

Option A - Patient Report

Option B - Health Care Provider Report

Option C - Non-Report

1.) Do you consent?

I am choosing to provide information directly to a law enforcement officer. I understand that I may decide how much information I provide and that I may stop the interview at any time.

I am choosing to allow health care providers (HCP) to provide information to law enforcement regarding the sexual assault. I acknowledge that I do not have to speak with law enforcement at this time.

At this time I am choosing **NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE** in any investigation. I consent only to the **collection and storage** of

2.) Release now OR collect and hold for up to 10 years?

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my medical forensic exam to be **released** to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s). (PATIENT REPORT AND TEST)

OR

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 10 years or until the 28th birthday of a patient under the age of 18. (PATIENT REPORT AND HOLD)

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my sexual assault exam to be **released** to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s). (HCP REPORT AND TEST)

OR

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 10 years or until the 28th birthday of a patient under the age of 18. (HCP REPORT AND HOLD)

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Sign here only if Option A was chosen

Sign here only if Option B was chosen

Initial here only if Option C was chosen



Patient Consent: Collect and Test Evidence or Collect and Hold Evidence, Page 2

Patient Label

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Contact Information

If you have consented for testing you can receive information about the status of testing and results of your evidence collection kit by contacting the law enforcement agency listed below:

Law Enforcement Agency _____ Report # _____

Address _____ Phone Number _____

Mandated Reporter Clause- I understand that pursuant to 20 ILCS 2630/3.2 it is the duty of any physician or nurse to notify the local law enforcement agency of that jurisdiction when it reasonably appears that the person requesting treatment has received any injury sustained in the commission of or as a victim of a criminal offense.

PATIENT TO INITIAL HERE _____

Rape Crisis Center _____ Phone Number _____

Receipt of Information (to be completed by hospital and law enforcement representatives only):

I certify that I have received the following items (check those that apply):

- _____ One sealed evidence collection kit
- _____ Sealed paper clothing bag(s)
(If more than one sealed clothing bag, please note)
- _____ Other (describe) _____
- _____ Copy of the medical forensic documentation form
- _____ Sealed urine specimen

Signature of law enforcement representative receiving information and/or articles _____

Printed Officer ID# and Rank _____ Agency _____

Signature of hospital representative releasing information and/or articles _____

Printed hospital representative name and title _____

Date _____ Time _____ Untested storage period ends _____ (5 years after date of exam or the 23rd birthday for a patient under 18.)

Return to Consent For Evidence Analysis (To be completed at a later time if evidence initially was on HOLD.) Form is to be completed by patient and law enforcement or rape crisis center representative. Provide signed copy to law enforcement agency listed above.

I have provided law enforcement with information regarding the sexual assault. I give permission for evidence and information gathered during my medical forensic exam to be released to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days from today. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecutions(s).

Patient Signature Date Witness Signature Date

Law Enforcement Representative



Medical Forensic Documentation Forms

Patient Information:			
Patient Name:			
Address:			
City:	State:	Zip:	County:
Contact Number:			
DOB:		Age:	
Sex:		Race:	

Examination Information:

Examiner:
Exam Date:
Exam Begin Time:
Medical Facility:
Medical Facility Contact Number:

Name of Guardian:
Person Providing History:
Relationship to Patient:
Persons Present During Exam:

Avoid multiple interviews. Take time to establish rapport. Avoid leading or yes/no questions. Use direct quotes whenever possible. Avoid surprise or negative emotions, while still showing concern and support.

Patient History of Assault:

Date of Assault:	
Time of Assault:	
Location/ Physical Surroundings of Assault:	
Name of Assailant(s) or General Description:	
1.	Relationship to Patient:
2.	Relationship to Patient:
3.	Relationship to Patient:
4.	Relationship to Patient:
5.	Relationship to Patient:



Medical Forensic Documentation Forms

Acts Described by Patient/ Historian:

No Disclosure (due to age)

Penetration of Female Sex Organ by:

Penis: Yes No Touched Unknown

Finger: Yes No Touched Unknown

Object: Yes No Touched Unknown What: _____

Penetration of Anus by:

Penis: Yes No Touched Unknown

Finger: Yes No Touched Unknown

Object: Yes No Touched Unknown What: _____

Did Patient Have Oral Contact with Assailant's: (If yes, Miscellaneous Stains Envelope may be appropriate.)

Penis: Yes No Unknown N/A

Anus: Yes No Unknown

Mouth: Yes No Unknown

Other (including biting): _____

Did Assailant Have Oral Contact with Patient's: (If yes, Miscellaneous Stains Envelope may be appropriate.)

Vagina: Yes No Unknown N/A

Penis: Yes No Unknown N/A

Anus: Yes No Unknown

Mouth: Yes No Unknown

Other (including biting): _____

Did Patient Scratch Assailant: (If yes, see Fingernail Specimen Envelope.)

Yes No Unknown

Did Ejaculation Occur Outside: (If yes, see Miscellaneous Stains Envelope.)

Yes No Unknown Where: _____

Did Ejaculation Occur Inside: Yes No Unknown

Condom Used by Assailant: Yes No Unknown

Where Discarded: _____ Unknown

Was any part of the patient's body kissed, licked, sucked or bitten? (If yes, see Miscellaneous Stains Envelope.)

Yes No Unknown Describe: _____



Medical Forensic Documentation Forms

Methods Used by Assailant(s):

- Weapon(s) Yes No Describe: _____
- Punched/Slapped/Kicked Yes No Describe: _____
- Grabbed/Held Down Yes No Describe: _____
- Physical Restraints Yes No Describe: _____
- Strangulation Yes No Describe: _____
- Burned Yes No Describe: _____
- Verbal Threats Yes No Describe: _____
- Use of Ligature Yes No Describe: _____
- Other: _____

Post-Assault Hygiene/Activity:

- | | | | | | | |
|--|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|------------------------------|
| Urinated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vomited: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Defecated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ate/Drank: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Genital Wipe/Wash: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Brushed Teeth: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Bathed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chewed Gum: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Showered: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoked: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Clothing change | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Douched: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Removed/Inserted a Tampon, Diaphragm, Sponge, Maxi pad (circle): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Drug Facilitated Sexual Assault (DFSA):

- Loss of Memory: Yes No
- Loss of Consciousness: Yes No
- Nausea/Vomiting: Yes No
- Drug/Alcohol Use by Patient: Yes No Describe: _____

If the patient answered yes to any of the above questions, consider collecting toxicology samples. A urine specimen should be collected as evidence if DFSA is suspected. DO NOT INCLUDE URINE SPECIMEN IN THE KIT. The urine should be sealed, labeled and packaged separately and turned over to law enforcement per patient consent. Complete the "Consent To Toxicology" form and provide with the urine specimen. This form is available at, www.isp.state.il.us under the Forensics tab.

Urine Sample Obtained for Lab Yes No



Medical Forensic Documentation Forms

Pertinent Medical History for Forensic Lab:

Last Menstrual Period: Date: _____

Sexual Contact within 3 Days (other than sexual assault): Yes No

Vaginal Contact: Yes No Date: _____

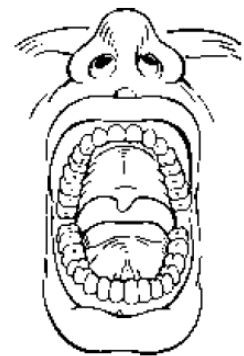
Anal Contact: Yes No Date: _____

Oral Contact: Yes No Date: _____

Condom Used: Yes No

General Exam:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: lacerations, abrasions, redness, scratches, bruises, bites, patterned injury, fractures and stains/ foreign materials on body, swelling, and tenderness. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings.

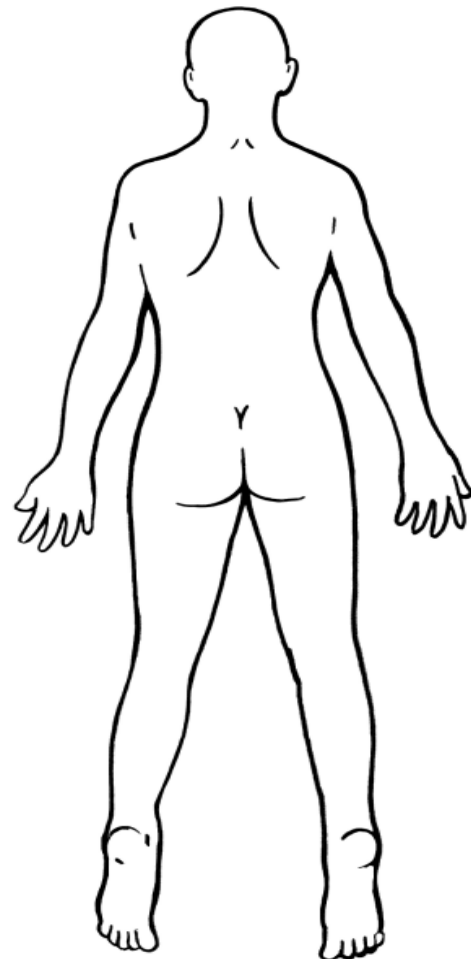
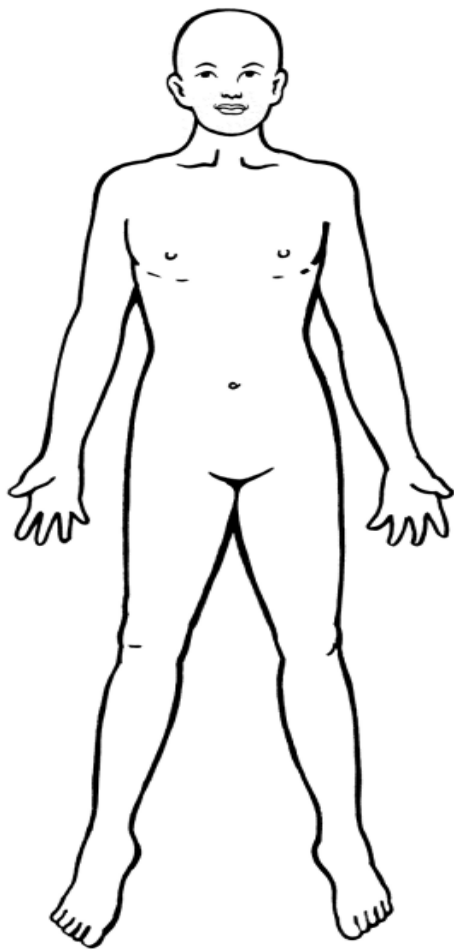




Medical Forensic Documentation Forms

General Exam cont.:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: lacerations, abrasions, redness, scratches, bruises, bites, patterned injury, fractures and stains/ foreign materials on body, swelling, and tenderness. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings.





Medical Forensic Documentation Forms

Genital Exam:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: lacerations, abrasions, bruises, erythema, bites, patterned injury, burns, swelling, tenderness, redness, discharge stains, and foreign materials. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings. Use hours of the clock to describe location.

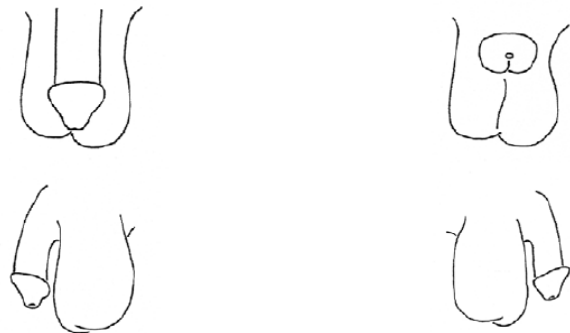
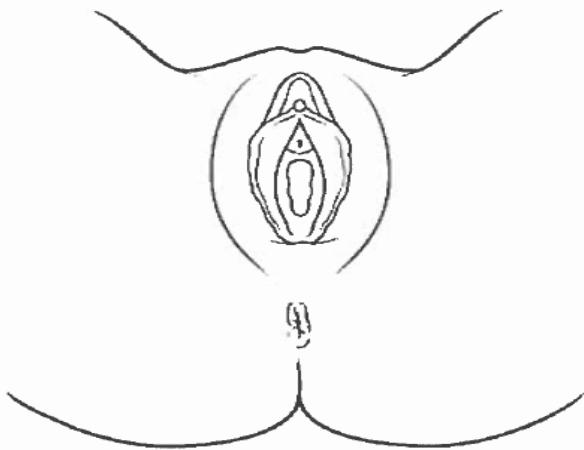
Position of Exam: Lithotomy Knee Chest Supine

Labial Maneuver: Yes No If yes, Outward Traction Lateral-Down Separation

Sexual Maturation Stage/Tanner Stage:

1 2 3 4 5

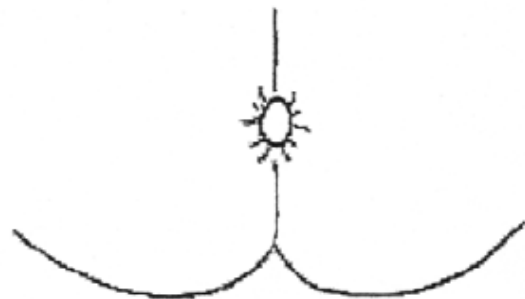
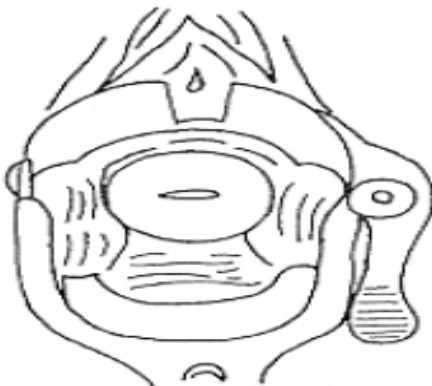
Circumcised Yes No



Internal Exam:

Anal Exam:

DO NOT PLACE A SPECULUM in a prepubescent female child. Use sterile, non-bacteriostatic water only for lubrication of speculum when speculum insertion is appropriate. Note injuries on diagram.





Medical Forensic Documentation Forms

Photographs:

Photographic documentation of injury and/or other visible evidence can be utilized to supplement the medical forensic history and written documentation. Consider the extent of forensic photography necessary. Be considerate of patient comfort and privacy. Take photographs according to hospital policy. Photographs taken by examiners should be considered as part of the patient's medical record and not automatically turned over to law enforcement.

Photographs may be taken with the written consent of patient's 13 years of age or older. If under the age of 13, the patient's parent or guardian may provide consent. If the parent or guardian is not immediately available or refuses to consent, photographs may be taken and stored for release at a later time with consent of the investigating law enforcement officer or the Department of Children and Family Services.

Any Additional Comments/Findings: (should not reflect any conclusions regarding whether a crime occurred)

Documentation:

If the patient is less than 18 years of age, was DCFS notified, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
If the patient is 60 years of age or older, was the Department of Aging notified, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
If the patient is between the ages of 18-59, has a disability, and is unable to self-report, was the Department of Aging notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Were police notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was "Patient Consent: Collect and Test or Collect and Hold Evidence" form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was "Consent to Toxicology" form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Signatures:

(Examining Health Professional Signature)	(Assisting Examining Health Professional Signature)
(please print)	(please print)

Final Instructions:

1. All information requested on sample envelopes and bag labels are completed.
 2. Separate forms and follow distribution requirements on the bottom of each form.
 3. If large clothing bags and urine are collected: seal, label, and package separately from the kit. Complete *Toxicology Consent* form. **DO NOT PACKAGE URINE INSIDE OF KIT.**
 4. Return all evidence envelopes/small bags to the kit box, with the exception of large clothing bags and urine sample.
 5. Secure red evidence tape to box and initial.
 6. Fill out information, as appropriate, on top of box.
 7. Hand the sealed kit, sealed bags, and sealed urine sample to appropriate law enforcement agency.
- NOTE: If law enforcement is not present: place sealed kit, sealed bags, and sealed urine sample at room temperature in a secure area, maintaining chain of custody until law enforcement can collect the evidence.