MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SAFE-CARE MEDICAL EXAMINATION

PATIENT INFORMATION

PATIENT NAME	RESIDENCE STATE	DATE OF BIRTH	AGE	SEX
				☐ Female ☐ Male ☐ Prefer Not to Say

EXAMINATION AND INCIDENT INFORMATION

DATE OF EXAMINATION	TIME	COUNTY WHERE INCIDENT OCCURRED	DATE OF INCIDENT
	☐ A.M. ☐ P.M.		

FOR PATIENTS AGE 0-13 YEARS OLD:	IF EMERGENCY, PLEASE EXPLAIN
☐ Emergency ☐ Non-Emergency	

EVALUATION FOR SUSPECTED ABUSE	HUMAN TRAFFICKING	HATE CRIME
☐ Sexual ☐ Physical ☐ Emotional ☐ Neglect ☐ Other:_____	☐ Yes ☐ No	☐ Yes ☐ No

ALLEGED ABUSER NAME	RELATIONSHIP TO PATIENT	SPOUSE/PARTNER	DATING/RELATIONSHIP
		☐ Yes ☐ No	☐ Yes ☐ No

AGENCY/PERSON REFERRING PATIENT FOR EXAM (CHECK ALL THAT APPLY)

☐ Patient ☐ Parent or Guardian

☐ Children's Division ☐ Law Enforcement

☐ Health Care ☐ Other_____

REFERRING AGENCY OR PERSON NAME	PHONE NUMBER

NAME OF ADVOCATE IN ROOM (CAC/AGENCY)

AUTHORIZATION FOR EXAMINATION REQUESTED BY PATIENT/PARENT/GUARDIAN

I hereby request a forensic examination for evaluation of sexual assault. Parental consent for a sexual assault forensic exam is not required in cases of known or suspected child abuse. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area. I further understand that hospitals and physicians are required by law to notify the Children's Division of known or suspected child abuse. If child abuse is found or suspected, this form and any evidence will be released to the Children's Division, the Juvenile Justice Office, Law Enforcement and/or the Prosecuting Attorney. A copy of pages one and two of this form will be submitted to the Department of Public Safety for billing purposes.

SIGNATURE OF (CHECK ONE)	SIGNATURE	DATE
☐ Patient ☐ Parent ☐ Guardian		

AUTHORIZATION FOR FORENSIC EXAMINATION —REQUESTING AGENCY

I request a forensic examination and collection of evidence for suspected sexual abuse:

AGENCY	SIGNATURE	DATE

EXAMINING PROVIDER: I verify that a sexual assault forensic examination has been completed for this patient.

FACILITY NAME	FACILITY ADDRESS	COUNTY OF FACILITY

EXAMINING MEDICAL PROVIDER NAME AND TITLE		REVIEWER NAME AND TITLE	
FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER	FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER
SIGNATURE OF EXAMINING MEDICAL PROVIDER	DATE	SIGNATURE OF REVIEWER (IF APPLICABLE)	DATE

FOR CHILDREN'S DIVISION USE ONLY

INCIDENT NUMBER	REPORT DATE	CONCLUSION

BILLING INSTRUCTIONS

The Department of Public Safety (DPS) is the first payer for all sexual assault forensic examination charges. Medical providers shall not bill patients for sexual assault forensic examination. The DPS will only pay for the forensic exam, not the medical treatment, for sexual assault patients. All other medical charges should be billed to the patient or the insurance carrier. Claims must be submitted for payment within 90 days of the date of the exam. For payment, submit an itemized invoice (including CPT codes if available), and pages one and two of this form to:

Missouri Department of Public Safety
Sexual Assault Forensic Examination Program
PO Box 1589
Jefferson City, MO 65102-1589

NAME AND TITLE OF PERSON COMPLETING THE BILLING INFORMATION	PHONE

REMIT TO ADDRESS

FORENSIC EXAMINATION CHECKLIST

Check all items as provided during the sexual assault forensic exam.

- ☐ Utilized appropriate evidence collection kit (Kansas City, St. Louis or Highway Patrol Lab)
- ☐ Completed screening exam for Emergency Medical Condition
- ☐ Activated bedside advocacy
- ☐ Activated interpreter
- ☐ Interventions for disabilities
- ☐ Obtained history of assault (including narrative)
- ☐ Obtained history of drug facilitated sexual assault (if indicated)
- ☐ Obtained consent for evaluation and treatment
- ☐ Obtained consent for evidentiary safe exam
- ☐ Obtained consent for photography
- ☐ Suspected drug-facilitated event
- ☐ Obtained consent for drug screening (if drug facilitated assault indicated)
- ☐ Obtained consent for release of information to all appropriate agencies
- ☐ Obtained consent for law enforcement activation (per patient request)
- ☐ Collected urine for drug facilitated sexual assault
- ☐ Collected underwear worn during or immediately after the assault
- ☐ Collected clothing, as forensically indicated, in brown paper bags, sealed and labeled
- ☐ Obtained swabs & smears from all areas that victim states were bitten or licked
- ☐ Obtained swabs & smears from appropriate areas as identified using an alternative light source
- ☐ Collected blood standard (if forensically indicated)
- ☐ Utilized crime scene investigators for bite mark impressions (if forensically indicated)
- ☐ Collected oral swab for DNA Standard (if forensically indicated)
- ☐ Collected oral swabs & smear (if forensically indicated)
- ☐ Collected anal swabs & smear (if forensically indicated)
- ☐ Collected vaginal swabs & smear (if forensically indicated)
- ☐ Collected cervical swabs & smear (if forensically indicated)
- ☐ Collected penile swabs & smear (if forensically indicated)
- ☐ Collected head hair standard (if forensically indicated)
- ☐ Collected pubic hair standard (if forensically indicated)
- ☐ Completed toluidine dye exam (if forensically indicated)
- ☐ Completed X-rays (if forensically indicated)
- ☐ Completed CTs (if indicated)
- ☐ Collected unknown sample(s) (if forensically indicated)

  Describe:_____

- ☐ Collected fingernail scrapings (if forensically indicated)
- ☐ Photography: (with colposcope or digital)
  - ☐ Genital photography by forensic examiner
  - ☐ Non-genital photography by forensic examiner
    - ☐ Less than 10 photos
    - ☐ More than 10 photos
- ☐ Forensic evidence storage/log (as indicated)
- ☐ Completion of DHSS Adult Female Sexual Assault Exam Form, Adult Male Sexual Assault Exam Form, or Child Sexual Assault Exam Form
- ☐ Confidential forensic patient file separate from general hospital medical records
- ☐ Forensic exam conducted by forensically trained physician or healthcare provider such as Sexual Assault Nurse Examiner (SANE)

• Federal violence against women act prohibits mandatory reporting to law enforcement to obtain services.

Resources:

U.S. Department of Justice, National Protocol for Sexual Assault Medical Forensic Examinations (9/04)

Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, American College of Emergency Physicians (6/99)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SAFE-CARE MEDICAL EXAMINATION

PATIENT/HISTORIAN INFORMATION:

1. PATIENT'S ADDRESS (STREET)		PARENT'S TELEPHONE NUMBER	PATIENT'S TELEPHONE NUMBER
CITY	**COUNTY**	**CODE**	**STATE** **ZIP CODE**

2. LOCATION OF ALLEGED ABUSE IF DIFFERENT FROM ABOVE

☐ 1. State ☐ 2. County ☐ 3. Code ☐ 4. Unknown

3. PRESENTING HISTORIAN (CHECK ALL THAT APPLY)

☐ 1. None ☐ 3. Patient ☐ 5. Father/Male Guardian ☐ 7. Law Enforcement

☐ 2. EMS Staff ☐ 4. Mother/Female Guardian ☐ 6. Children's Division ☐ 8. Other_____

RELEVANT CONTACTS:

Category	Relationship to Patient	Name (Last, First)	✓ If Lives w/Patient	Age	Sex
A. Mother					
☐ 1. Biological/adoptive			☐		
☐ 2. Step			☐		
☐ 3. Foster/Guardian			☐		
☐ 4. Paramour			☐		
B. Father					
☐ 1. Biological/adoptive			☐		
☐ 2. Step			☐		
☐ 3. Foster/Guardian			☐		
☐ 4. Paramour			☐		
C. Siblings					
1.			☐		
2.			☐		
3.			☐		
4.			☐		
5.			☐		
6.			☐		
G. Other Pertinent Contacts					
1.			☐		
2.			☐		
3.			☐		
4.			☐		
E. Alleged Perpetrator(s)					
1.			☐		
2.			☐		

RELATION

Bio parent (BP) Step parent (SP) Adoptive Parent (AP) Foster parent (FP) Paramour (P)

Bio sib (BS) Step sib (SS) Adoptive sib (AS) Foster sib (FS) Neighbor (N)

Grandparent (G) Half sib (HS) Aunt/uncle (A) Babysitter (B) Friend/acquaintance (F) Unknown (U)

Day care (D) School (S) Institution (I) Other (O) specify:_____

ADDITIONAL HISTORY

1. DATE OF MOST RECENT ALLEGED EXAMINATION (M/D/Y)

TIME ☐ A.M. ☐ P.M.

2. ALLEGED PERPETRATOR CURRENTLY HAS ACCESS TO PATIENT

☐ 1. Yes ☐ 2. No ☐ 3. Unknown

3. EVIDENCE OF IMMINENT DANGER

☐ 1. Yes ☐ 2. No ☐ 3. Unknown

If imminent danger, explain: _____

BEHAVIORS/ACTS, AS REPORTED BY HISTORIAN/PATIENT:

(Report positives in narrative below)

Contact with **patient's vulva or vagina** by:
- ☐ 1. Penis
- ☐ 2. Finger or Hand
- ☐ 3. Mouth or Tongue
- ☐ 4. Object (specify below)

_____

Contact with **patient's penis** by:
- ☐ 5. Vulva or Vagina
- ☐ 6. Finger or Hand
- ☐ 7. Mouth or Tongue
- ☐ 8. Anus
- ☐ 9. Object (specify below)

_____

Contact with **patient's anus** by:
- ☐ 10. Penis
- ☐ 11. Finger or Hand
- ☐ 12. Mouth or Tongue
- ☐ 13. Object (specify below)

_____

Contact with **patient's mouth** by:
- ☐ 14. Penis
- ☐ 15. Finger or Hand
- ☐ 16. Mouth or Tongue
- ☐ 17. Vulva or Vagina
- ☐ 18. Object (specify below)

_____

- ☐ 19. Patient contacted alleged perpetrator's genitals
- ☐ 20. Fondling of patient:
  - ☐ a. outside of clothes
  - ☐ b. inside of clothes
- ☐ 21. Licking, kissing of nongenital area of patient
- ☐ 22. Ejaculation of alleged perpetrator
- ☐ 23. Lubrication Used
- ☐ 24. Foam, Jelly, Condom Used
- ☐ 25. Threats or Bribes Used
- ☐ 26. Physical Force Used
- ☐ 27. Photos, Video Taken

Historian: ☐ Patient ☐ Other: _____

- ☐ 28. Patient was burned
- ☐ 29. Patient was strangled
- ☐ 30. Patient was suffocated
- ☐ 31. Patient was confined/restrained
- ☐ 32. Patient was hit/beaten with

_____

- ☐ 33. Patient was shaken
- ☐ 34. Patient was thrown/pushed
- ☐ 35. Patient was kicked
- ☐ 36. Witness to abuse
- ☐ 37. Other

NARRATIVE REGARDING ABUSIVE BEHAVIOR/ACTS OR DICTATION ATTACHED ☐

PAST MEDICAL HISTORY

☐ 1. Perinatal Complications	☐ 7. Abdominal Pain/Discomfort	☐ 13. Eating Disorder	☐ 19. Sexual Acting Out
☐ 2. Vaginitis	☐ 8. Vaginal Discharge/Bleeding	☐ 14. Learning Disorder	☐ 20. Fear
☐ 3. Enuresis/Encopresis	☐ 9. Previous Hospitalization	☐ 15. Hearing Disorder	☐ 21. Anger
☐ 4. Constipation	☐ 10. Previous Fractures	☐ 16. Neuro/Dev. Disorder	☐ 22. Depression
☐ 5. Urinary Tract Infection	☐ 11. Previous Surgery	☐ 17. Visual Disorder	☐ 23. School Problems
☐ 6. Genital Pain/Discomfort	☐ 12. Previous Accidental Injury	☐ 18. Attention Deficit/Hyper	☐ 24. Sleeping Problems

COMMENTS

1. ALLERGIES

☐ a. NKDA ☐ b. Yes ☐ c. Unknown

2. IMMUNIZATIONS

☐ a. UTD ☐ b. NUTD ☐ c. Unknown Historian: _____

3. CURRENT MEDICATIONS (LIST):

4. PAST MEDICAL HISTORY AND REVIEW OF PERTINENT SYSTEMS

5. CHRONIC ILLNESS (DESCRIBE):

6. ANY OTHER PROBLEMS (DESCRIBE):

FEMALES ONLY:

1. Menarche Age _____ (yrs) or ☐ 1. Not applicable

2. Tampons ☐ 1. Yes ☐ 2. No ☐ 3. Not applicable

3. LMP DATE (M/D/Y)

PERTINENT FAMILY MEDICAL HISTORY

HISTORY OF PREVIOUS ABUSE/NEGLECT OF PATIENT ☐ 1. NO

TYPE OF ABUSE

☐ 1. Sexual ☐ 3. Emotional ☐ 5. Other _____
☐ 2. Physical ☐ 4. Neglect

FAMILY SOCIAL HISTORY

1. CURRENT FAMILY STRESSES

2. SUPPORTS

3. ARE OTHER CHILDREN/FAMILY MEMBERS AT RISK?

☐ 1. Yes ☐ 2. No ☐ 3. Unknown

IF YES, DESCRIBE

4. PATIENT'S SCHOOL

5. PATIENT'S PRIMARY CARE PHYSICIAN

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SAFE-CARE MEDICAL EXAMINATION

MEDICAL EXAMINATION

VITAL SIGNS AND STATISTICS

1. Temp: _____ F°/ °C ☐ a. Oral ☐ b. Rect ☐ c. AX ☐ d. TYMP ☐ e. Temporal
2. Height: _____ ☐ a. IN ☐ b. CM Percentile_____
3. Weight: _____ ☐ a. LB ☐ b. KG Percentile _____
4. Head Circum.: _____ ☐ a. IN ☐ b. CM Percentile if under age 2_____
5. HR _____
6. RR _____
7. BP _____ / _____

GENERAL PHYSICAL EXAMINATION

Component	Normal	Not Examined	Pertinent Findings
Appearance	☐	☐	
Affect and Behavior	☐	☐	
Head	☐	☐	
Eyes	☐	☐	
Ears	☐	☐	
Nose	☐	☐	
Mouth and Throat	☐	☐	
Dentition	☐	☐	
Neck	☐	☐	
Trunk	☐	☐	
Lungs	☐	☐	
Cardiovascular	☐	☐	
Abdomen	☐	☐	
Extremities	☐	☐	
Integument	☐	☐	
Neurological	☐	☐	

GENITAL EXAMINATION

BY:

☐ 1. Direct visualization
☐ 2. Hand held magnification, Type _____
☐ 3. Colposcopy ☐ a. Photo ☐ b. Video
☐ 4. Labial traction used

Exam Position			Exam	Done	Not Indicated
☐ 1. Supine	☐ Stirrups	☐ Frog leg	1. Pelvic	☐	☐
☐ 2. Knee-chest	☐ Knee-chest supine	☐ Knee-chest prone			
☐ 3. Lateral					
☐ 4. Prone with knees under chest					

FEMALES

1. BREASTS, TANNER STAGE
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. PUBIC HAIR, TANNER STAGE
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

	Normal	Abnormal	Describe Any Abnormal Findings
3. Hymen	☐	☐	
4. Clitoris	☐	☐	
5. Labia Majora	☐	☐	
6. Labia Minora	☐	☐	
7. Urethral/Periurethral	☐	☐	
8. Perihymenal Tissue	☐	☐	
9. Posterior Fourchette	☐	☐	
10. Fossa Navicularis	☐	☐	
11. Vagina	☐	☐	

MALES

	Normal	Abnormal	Describe Any Abnormal Findings
1. Penis	☐	☐	
2. Scrotum	☐	☐	
3. Urethral Meatus	☐	☐	
4. Testes	☐	☐	
5. Circumcised ☐ Yes ☐ No			
6. Tanner Stage ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5			

DESCRIBE ANY ABNORMAL FINDINGS

ANAL/PERINEAL EXAM (ILLUSTRATE ON APPROPRIATE CHART)

1. EXAM PERFORMED USING:
☐ a. Direct Visualization ☐ b. Colposcope ☐ c. Magnifier

	Normal	Abnormal	Describe Any Abnormal Findings
2. Anal Tone	☐	☐	
3. Anal/Perianal Area	☐	☐	
4. Buttocks	☐	☐	
5. Perineum	☐	☐	

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SAFE-CARE MEDICAL EXAMINATION

LABORATORY COLLECTION ☐ **NONE**

Test	Done	+	-	Pend	Test	Done	+	-	Pend
Gonorrhea NAAT					Chlamydia Trachomatis NAAT				
Urine					Urine				
Vaginal					Vaginal				
Urethral					Urethral				
Rectal					Rectal				
Oral					Oral				
Hepatitis B					Pregnancy Test ☐ Urine				
Hepatitis C					☐ Serum				
HIV					KOH				
VDRL or RPR					Vaginal Wet Mount				
Blood Culture					Electrolytes, Glucose				
Urine Culture					Urinalysis				
CBC Differential					Rapid Perianal Strep				
PT/PTT Bleeding Time					Trichomonas Rapid				
Drug Screen					Von Willebrand Panel				
					Other:				

SEXUAL ASSAULT KIT COMPLETED

☐ 1. Yes ☐ 2. No

AGENCY RECEIVING

RADIOLOGICAL STUDIES ☐ **1. NOT DONE**

	Results
☐ 2. Skeletal Survey	
☐ 3. CT ☐ Head ☐ Other	
☐ 4. MRI ☐ Head ☐ Other	
☐ 5. Other Radiological Studies Specify:	

PHOTOGRAPHS ☐ **1. NOT DONE**

☐ 2. Colposcope ☐ 3. Camera ☐ 4. Digital Image ☐ 5. Video ☐ 6. Other_____

TREATMENT AND RECOMMENDATIONS FOR FOLLOW-UP

☐ 1. Referral for further medical care/lab tests
☐ 2. Mental health counseling/treatment
☐ 3. Hospitalization
☐ 4. Other:

5. MEDICATIONS/TREATMENT PRESCRIBED:

SAFE-CARE MEDICAL EXAMINATION

AGENCIES NOTIFIED

1. Child abuse/neglect hotline (MO telephone 800-392-3738): ☐ a. MO ☐ b. Other
☐ 2. Children's Division presented patient to provider for evaluation, hotline previously notified
☐ 3. Law enforcement
☐ 4. Juvenile authorities
☐ 5. Other

FINDINGS

A. HISTORY AND BEHAVIOR

☐ 1. Consistent with Abuse/Neglect (check all that apply):
☐ a. Sexual Abuse/Assault ☐ b. Physical Abuse ☐ c. Emotional Abuse ☐ d. Neglect ☐ e. Drug Endangered
☐ f. Exposure to pornography ☐ g. Witness to Interpersonal Violence ☐ h. Nude photos taken of patient
☐ i. Other_____

☐ 2. Inconclusive for Abuse at this time.

☐ 3. Accidental injury, no abuse at this time.

B. PHYSICAL FINDINGS (CHECK ALL THAT APPLY)

☐ 1. Sexually transmitted disease is present and diagnostic of sexual abuse in prepubertal children

☐ 2. Other physical findings are present and consistent with abuse/neglect (check all that apply):
☐ a. Sexual Abuse/Assault ☐ b. Physical Abuse ☐ c. Emotional Abuse ☐ d. Neglect ☐ e. Other_____

☐ 3. Physical findings present but inconclusive regarding abuse at this time (describe)_____

☐ 4. Physical findings present, but not related to abuse (describe) _____

☐ 5. No physical findings.

C. PATIENT AT ELEVATED RISK FOR ABUSE/NEGLECT

☐ 1. No

☐ 2. Yes (describe in narrative)

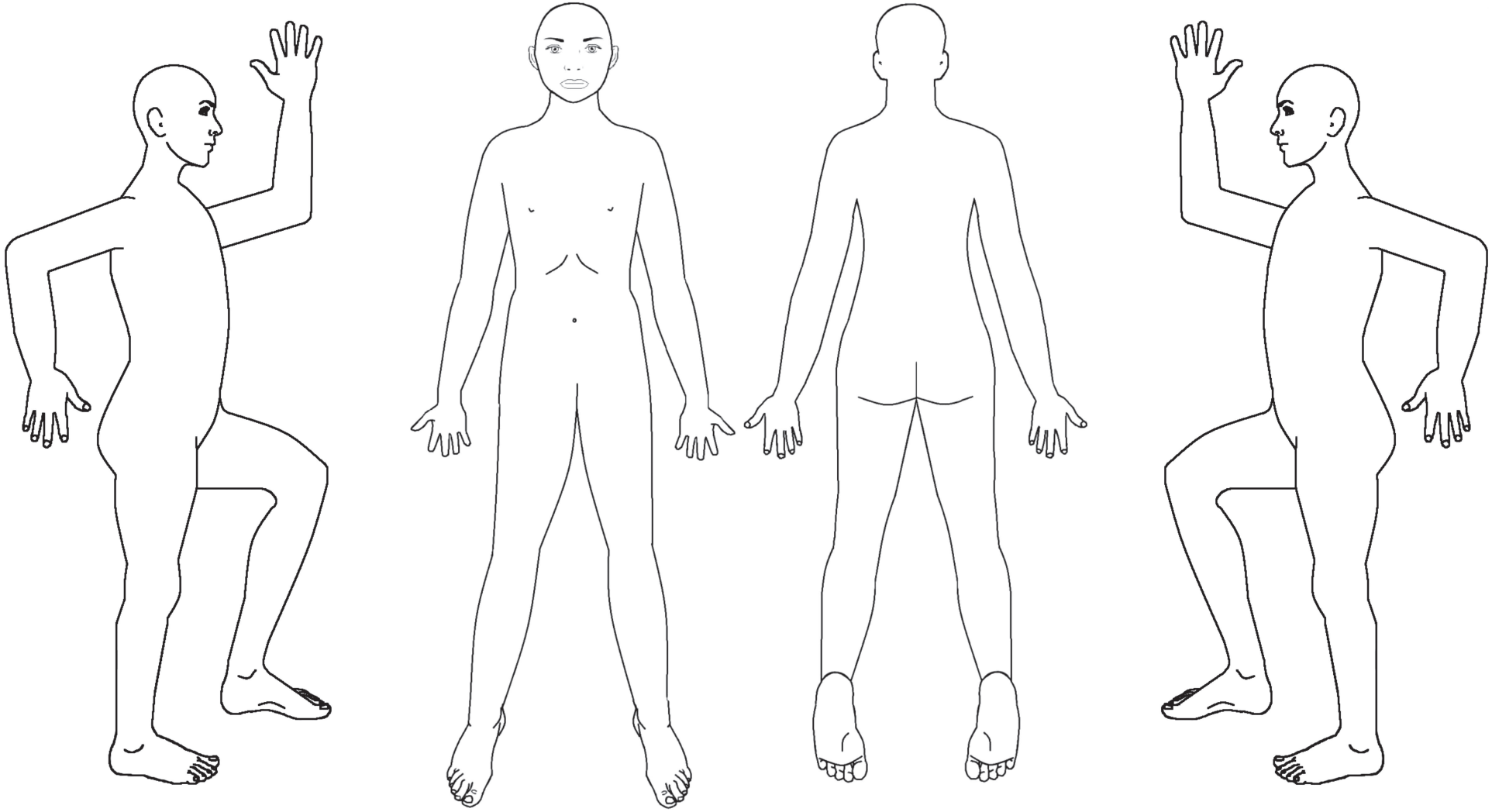
☐ 3. Unknown

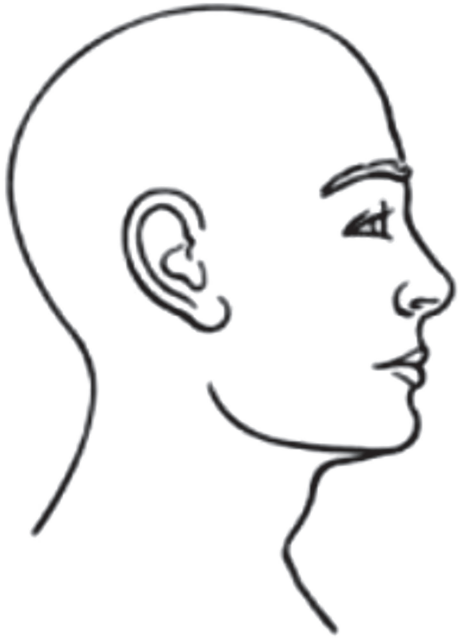
NARRATIVE OF FINDINGS (OR DICTATION ATTACHED ☐)

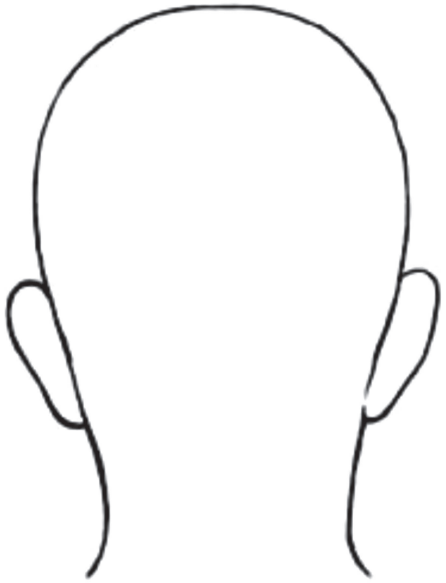
BALD STEP Mnemonic for Physical Findings

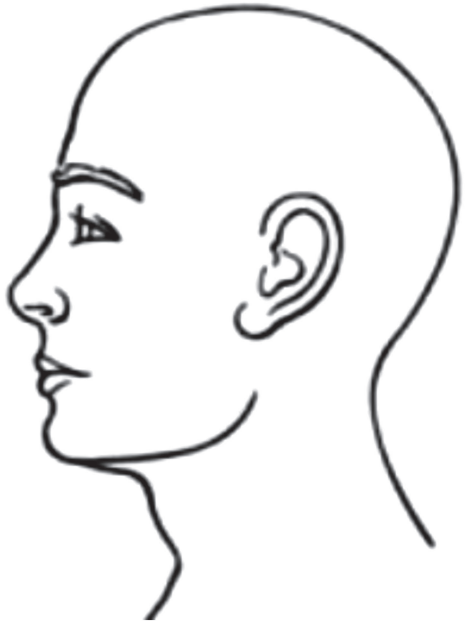
- **B** BI bitemark
  BL bleeding
  BR bruise
  BU burn
- **A** AB abrasion
  AV avulsion
- **L** LA laceration
- **D** DE deformity (acute)
- **S** SW Swelling
  ST stain (+FL if fluorescent)
- **T** TE tenderness to palpation
  TR trace evidence (+specify type)
- **E** ER erythema
- **P** PA patterned (draw shape)
  PT petechiae (draw region/spread)
  PE penetrating (+ I incised, S stab, P puncture, G known gunshot)

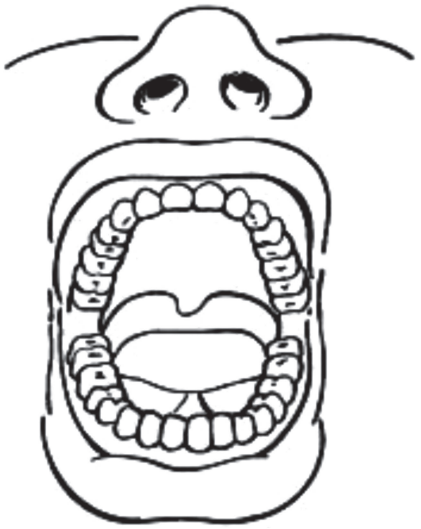
Additional Notes:



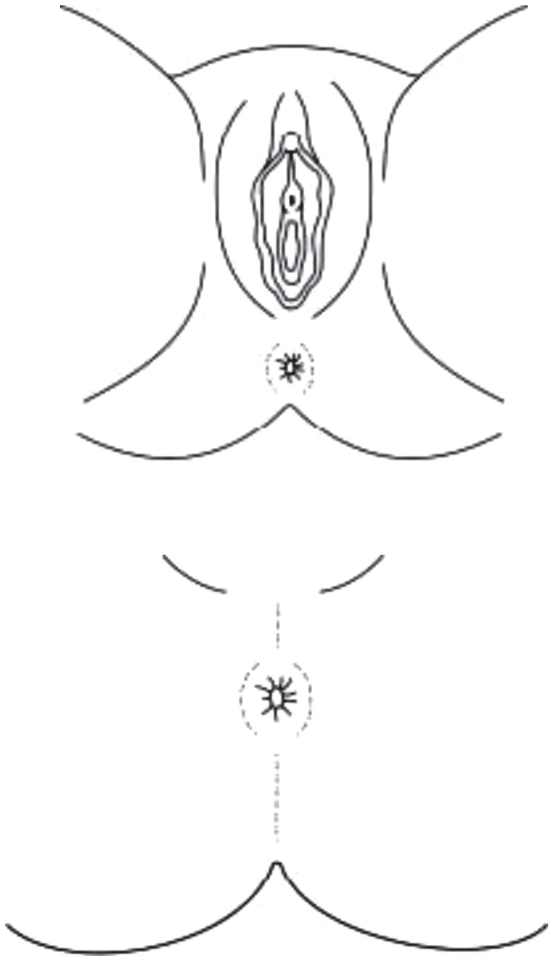


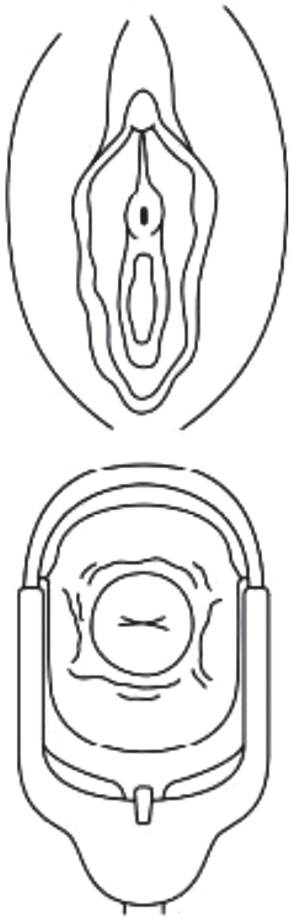






Female Genitalia Notes:





Male Genitalia Notes: