930118-'767 KP

STEP 2 MEDICAL HISTORY AND ASSAULT INFORMATION

PATIENT'S NAME: Zold Tami DATE OF BIRTH: 11-11-76 SEX: M ☐ F ☒

ADDRESS: 4264 Silver Dollar Ave Apt 8

DATE OF ASSAULT: 1-18-93 TIME OF ASSAULT: 2100 NUMBER OF OFFENDERS: 1

DATE OF EXAMINATION: 1-18-93 TIME OF EXAMINATION: 2330 SEX OF OFFENDER(S) M ☒ F ☐

OFFENDER KNOWN TO PATIENT? FRIEND ☐ NEIGHBOR ☐ RELATIVE ☐ UNKNOWN ☒ OTHER ☐

BROUGHT IN BY: Mother POLICE REPORT BEING MADE? YES ☒ NO ☐

MEDICAL HISTORY: CURRENT MEDICAL PROBLEMS: None

CURRENT MEDICATION(S): None

ALLEGIES: NKDA

B/P: 119/91 PULSE: 76 TEMPERATURE: 994 RESPIRATION: 16

Emotional demeanor of patient, i.e., crying, angry, agitated, lethargic, frightened, shocked, depressed, etc.?

Calm -

Description of patient's outward appearance, i.e., clothes torn, shoe(s) missing, etc.:

Clothing already given to Metro

Between the assault and now, has the patient: CHECK ALL THOSE WHICH APPLY

Bathed/Showered ☐	Inserted Tampon ☐ (If yes, collect tampon)	Defecated ☐	Brushed Teeth ☐	Drunk ☐
Changed Clothes ☐		Urinated ☐	Used Mouthwash ☐	Vomited ☐
Douched ☐			Eaten ☐	Smoked ☒

CHECK ALL WHICH APPLY AT TIME OF ASSAULT:

	YES	NO	UNSURE
WAS PATIENT'S VAGINA PENETRATED BY:			
Penis	☒	☐	☐
Finger	☒	☐	☐
Tongue	☒	☐	☐
If other, describe:			
WAS PATIENT'S MOUTH PENETRATED BY:			
Penis	☐	☒	☐
WAS SUSPECT'S MOUTH ON PATIENT'S:			
Vagina/Penis	☒	☐	☐
Anus	☐	☒	☐
USED DURING ASSAULT:			
Condom	☐	☒	☐
Diaphragm	☐	☒	☐
Contraceptive Foam	☐	☒	☐
Lubricant	☐	☒	☐
Other Spermacide	☐	☒	☐
WAS PATIENT BITTEN:	☐	☒	☐
If yes, describe: (LOCATION)			
WAS PATIENT LICKED/KISSED:	☒	☐	☐
If yes, describe: Chest + Stomach (LOCATION)			
DID PATIENT BITE SUSPECT:	☐	☒	☐
DID PATIENT SCRATCH SUSPECT:	☐	☒	☐
DID PATIENT PASS OUT:	☐	☒	☐

	YES	NO	UNSURE
WAS PATIENT'S RECTUM PENETRATED BY:			
Penis	☐	☒	☐
Finger	☐	☒	☐
Tongue	☐	☒	☐
If other, describe:			
MASTURBATION OF:			
Patient	☐	☒	☐
Suspect	☐	☐	☒
If other, describe:			
DID EJACULATION OCCUR:			
In/on patient's body	☒	☐	☐
If yes, describe: Vagina (LOCATION)			
MENSTRUATION:	☐	☒	☐
CONSENTING INTERCOURSE WITHIN LAST 72 HOURS:	☐	☐	☐
If yes, date: ____ and approximate time: ____ am/pm			
WAS CONDOM USED:	☐	☒	☐
DOES PATIENT HAVE COMMUNICABLE DISEASE AT RISK TO LAB PERSONNEL:	☐	☐	☒
If yes, describe:			

INFORMATION COLLECTED BY:

[signature] (SIGNATURE)

P. Perry RN (PRINT)

DATE: 1-18-93

RE-1LVMP 10/91

WHITE AND PINK COPY
PLACE IN ENVELOPE ON KIT BOX

YELLOW COPY
RETAIN FOR PATIENT'S CHART