



XC100060

_____ Hospital / Health Service <b>WACHS</b> <b>SARC Emergency Care:</b> <b>History &amp; Checklist</b> Doctor: _____ Date: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

This form is for use in Emergency for patients aged 13+ years who allege sexual assault

**ALWAYS CONTACT SARC: Phone (08) 6458 1828 (24 hours / 7 days) or  
After Hours SARC Doctor available direct via KEMH switchboard (08) 6458 2222**

Support person present:  YES  NO "Can we contact anyone for you?"

"I need to ask some questions about what happened so we can help and support you"

<b>BRIEF DETAILS OF ASSAULT</b>	Date of assault:	Time of assault:		
<b>TYPE OF ASSAULT</b>	<input type="checkbox"/> Vaginal	<input type="checkbox"/> Oral	<input type="checkbox"/> Anal	<input type="checkbox"/> Penis
Penetrated with (e.g. penis, finger, object)				
Condom used: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ejaculation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

QUESTIONS To determine medical review	YES	NO
Have you sustained any injuries or are you in pain? (exclude minor genital discomfort / soreness)	<input type="checkbox"/>	<input type="checkbox"/>
Did you experience a blow to the head or loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Was any pressure applied to your neck by any means?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any vaginal or anal bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
<b>For female patients:</b> Date of last period: _____	Could you be pregnant? <input type="checkbox"/>	Are you on any contraception? <input type="checkbox"/>
Do you have safe accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under 18 years of age? (If <b>YES</b> , ask if they are safe?)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have current or recent past mental health issues? (assess suicidality / self-harm)	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any questions above the patient may need to be reviewed by a doctor

FORENSIC QUESTIONS	YES	NO
Did you know the person who did this prior to this incident?	<input type="checkbox"/>	<input type="checkbox"/>
Are the police involved? (If no current police involvement) Do you wish to report to the police?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Have you passed urine since it happened?	<input type="checkbox"/>	<input type="checkbox"/>
If anal assault, have you opened your bowels since it happened?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a shower or bath since it happened?	<input type="checkbox"/>	<input type="checkbox"/>
Have you changed clothes since the incident?	<input type="checkbox"/>	<input type="checkbox"/>

**"It will be helpful for us to know as part of your physical and forensic assessment whether you have used alcohol or drugs in the past 24 hours"**

Alcohol consumed (number of units):

Drugs consumed (type and amount):

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<b>CLINICAL MANAGEMENT</b> – after discussion with SARC Doctor, some of the following medications may be required:	
Emergency Contraception	
Azithromycin 1g (PO)	
Ceftriaxone 500mg IM/IV	
Hepatitis B immunoglobulin	
Hepatitis B vaccination	
HIV NPEP required (call SARC for advice)	

Has a mandatory report been made?  YES  NO  N/A  
 (If <18yrs, mandatory reporting obligations apply). Please see: [www.health.wa.gov.au/mandatoryreport](http://www.health.wa.gov.au/mandatoryreport).

<b>FORENSIC MANAGEMENT</b>	
IF CLIENT CONSENTS TO FORENSIC SAMPLING (Call SARC ASAP for advice on sample collection and storage)	
<b>Early Evidence Kit collected</b> (please indicate below which specimens taken)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Oral rinse <input type="checkbox"/> Vulval / penile wipe <input type="checkbox"/> Anal wipe <input type="checkbox"/> First void urine <input type="checkbox"/> <b>Toxicology:</b> Urine <input type="checkbox"/> <b>Toxicology:</b> Blood	
<b>Clothing collected</b> (use paper bags, one item per bag)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Full Forensic Examination</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Full Forensic Examination Kit collected</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Samples collected by:	
Samples provided to (name of police officer):	

<b>SUPPORT</b>	
Referred to support service	
<input type="checkbox"/> SARC Regional <input type="checkbox"/> SARC Metro <input type="checkbox"/> Social Work <input type="checkbox"/> Counselling Services <input type="checkbox"/> Relationships Australia <input type="checkbox"/> Other:	
Contact made with:	

Nurse Name (please print): \_\_\_\_\_ Doctor Name (please print): \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_ Date & Time: \_\_\_\_\_

<b>ACTION PLAN</b>	
Patient discussed with SARC	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of SARC doctor contacted:	
Comments:	

**Any questions?** Ph: (08) 6458 1828 or via KEMH Switchboard 08 6458 2222

*Please file this form with the forensic notes (if present) or the general medical notes*