

SARC Emergency Care: History & Checklist

Med Rec. No:
Surname:
Forename:
Sex: D.O.B.

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

**TO CONTACT SARC: Phone (08) 64581828 (24 hours/7 days) or After Hours
SARC Doctor available direct via KEMH switchboard (08) 6548 2222**

“I need to ask some questions about what happened so we can help”

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

QUESTIONS	Yes	No
Have you sustained any injuries or are you in pain? <i>(excluding minor genital discomfort)</i>		
Did you experience a blow to the head or loss of consciousness?		
Was any pressure applied to your neck by any means?		
Do you have any vaginal or anal bleeding?		
For female patients: Could you be pregnant?		
Date of LMP: Are you on any contraception?		
Do you have current or recent past mental health issues? <i>(assess suicidality/self-harm)</i>		
Do you have safe accommodation?		
Do you feel safe?		
Support person present?		
Can we contact someone for you?		

FORENSIC QUESTIONS	Yes	No
Did you know the person who did this prior to this incident?		
Are the police involved?		
Do you wish to report to the police?		
Have you passed urine since it happened?		
If anal assault, have you opened your bowels since it happened?		
Have you had a shower or bath since it happened?		
Have you changed clothes since the incident?		

Drugs and Alcohol	Yes	No
Have you recently taken any drugs or alcohol?		
If so what?		
Is the patient intoxicated? (clinical assessment by staff)		

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CLINICAL MANAGEMENT – after discussion with SARC Doctor	Yes	No
Emergency Contraception		
Azithromycin / Ceftriaxone (<i>consider</i>)		
Hepatitis B vaccination <input type="checkbox"/> already vaccinated		
HIV NPEP required (<i>consider</i> – call SARC for advice)		
Any other medications given?		

If patient is <18yrs, www.health.wa.gov.au/mandatoryreport

Mandatory report completed Yes / No

Receipt No:

Early Evidence Specimens		Yes	No
Early Evidence Kit collected			
Sealed Early Evidence Kit given to (<i>name</i>):		Patient / Police	
Date		Time	

Form completed by

Name(*please print*): _____ Position/Title: _____

Signature: _____ Date & Time: _____

Action Plan	Yes	No
Patient discussed with SARC		
Name of SARC doctor contacted		
Comments:		

- Please file this form with the general medical notes.
- If patient is attending SARC, please fax or email the patients ED notes, results, discharge summary and EEK consent form as below.

Fax: 9381 5426 Ph: 6458 1828 or (via KEMH Switchboard 6458 2222)

Email: SARCdrs@health.wa.gov.au