

**FORENSIC MEDICAL REPORT: NONACUTE (>72 HOURS)
CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION
STATE OF CALIFORNIA
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

OES 925

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type) Name of Medical Facility:

1. Name of patient _____ Patient ID number _____

2. Address _____ City _____ County _____ State _____ Telephone _____

3. Age	DOB	Gender M F	Ethnicity	Date/time of arrival	Date/time of discharge

4. Name of : Mother Stepmother Guardian Address _____ City _____ County _____ State _____ Telephone W: _____ H: _____

5. Name of : Father Stepfather Guardian Address _____ City _____ County _____ State _____ Telephone W: _____ H: _____

6. Name(s) of Siblings	Gender M F	Age	DOB	Name(s) of Siblings	Gender M F	Age	DOB

B. REPORTING AND AUTHORIZATION Jurisdiction (city county other):

1. Telephone report made to _____ Name _____ Agency _____ ID number _____ Telephone _____
 Law Enforcement and/or _____
 Child Protective Services _____

2. Responding Personnel (to medical facility) _____ Name _____ Agency _____ ID number _____ Telephone _____
 Law Enforcement and/or _____
 Child Protective Services _____

3. Assigned Investigator (if known) _____ Name _____ Agency _____ ID number _____ Telephone _____
 Law Enforcement and/or _____
 Child Protective Services _____

4. Authorization for evidential exam requested by law enforcement or child protective services agency

I request a forensic medical examination for suspected sexual abuse at public expense.

Telephone Authorization
Agency: _____
Authorizing party: _____
ID number: _____
Date/time: _____

Law enforcement officer ID number _____ Child Protective Services

Telephone _____ Date _____ Time _____ Case number _____

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.

- I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining/rehabilitation.
- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.

Signature _____ Patient Parent Guardian

DISTRIBUTION OF OES 925

Original – Law Enforcement Copy – Child Protective Services Copy – Medical Facility Records

D. PATIENT HISTORY

1. Record time or time frame of the incident(s)	Date(s)	Time or time frame
<input type="checkbox"/> More than 72 hours		
<input type="checkbox"/> Multiple incidents over time		

2. Record patient's name for:	3. Alleged perpetrator(s) name(s)	Age	Gender	Ethnicity	Relationship to Patient	
					Known	Unknown
Female genitalia						
Male genitalia	#1.		M F			
Breasts	#2.		M F			
Anus	#3.		M F			

E. ACTS DESCRIBED BY HISTORIAN

Name of historian	Relationship to patient	History obtained by:	Telephone	Agency	<input type="checkbox"/> Not applicable
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	No	Yes	Attempted	Unsure	N/A	Describe pain and/or bleeding and additional pertinent history:
Genital/vaginal contact/penetration by:						
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Object (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Associated pain?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
Associated bleeding?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
Anal contact/penetration by:						
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Object (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Associated pain?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
Associated bleeding?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral copulation of genitals:						
Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral copulation of anus:						
Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anal/genital fondling:						
Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-genital act(s)? <input type="checkbox"/>						
If yes: <input type="checkbox"/> Fondling <input type="checkbox"/> Licking <input type="checkbox"/> Kissing <input type="checkbox"/> Suction Injury <input type="checkbox"/> Biting						
Other acts? (Describe) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Did ejaculation occur? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
If yes, note location(s):						
<input type="checkbox"/> Mouth <input type="checkbox"/> Vagina <input type="checkbox"/> Body surface <input type="checkbox"/> On bedding						
<input type="checkbox"/> Anus/Rectum <input type="checkbox"/> On clothing <input type="checkbox"/> Other						
Contraceptive or lubricant products? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>						
If yes, note type/brand: <input type="checkbox"/> Foam <input type="checkbox"/> Jelly <input type="checkbox"/> Lubricant <input type="checkbox"/> Condom						
Were force or threats used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Force <input type="checkbox"/> Threats <input type="checkbox"/>						
Were weapons used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>						
If yes, describe: _____						
Were pictures/videotapes taken <input type="checkbox"/> or shown <input type="checkbox"/> ? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>						
If yes, note type(s): <input type="checkbox"/> Pictures <input type="checkbox"/> Videotapes						
Were drugs <input type="checkbox"/> or alcohol <input type="checkbox"/> used? <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/>						
Loss of memory? <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/>						
Lapse of consciousness? <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/>						
Vomited after act(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>						
Behavioral changes in patient? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>						

H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. BP	Pulse	Resp	Temp	Height	Weight	2. Date/time examination	
						Started	Completed

3. Female Tanner Stage – Breast 1 2 3 4 5

4. Describe general demeanor and relevant statements made during exam.

5. Conduct a physical examination. Findings No Findings
 General exam within normal limits: Yes No If no, describe:

Patient Identification

Diagram A

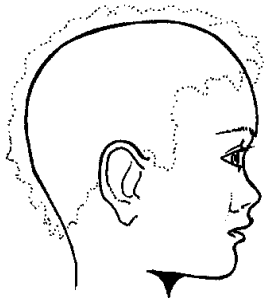


Diagram B

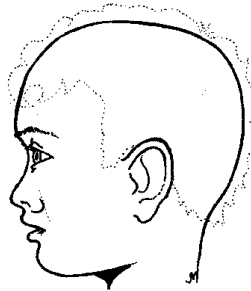


Diagram C

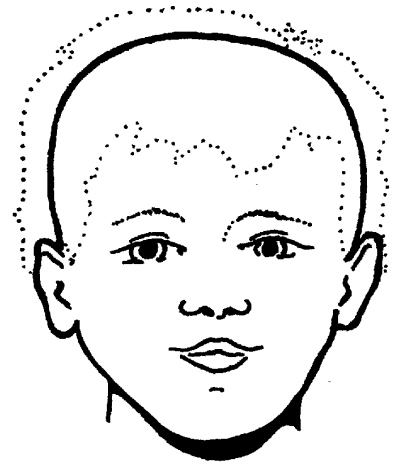


Diagram D

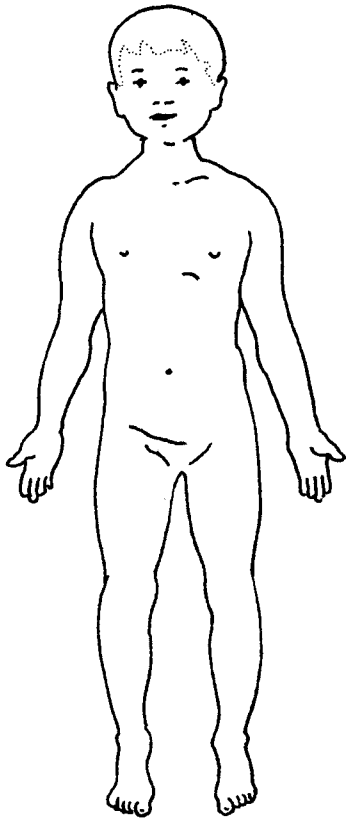


Diagram E

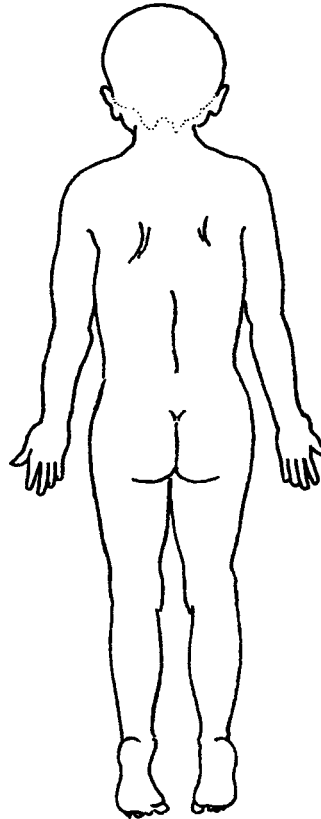
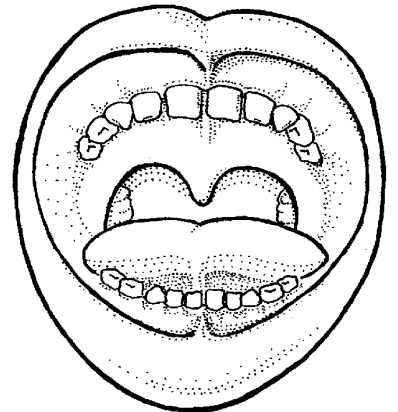


Diagram F



LEGEND: Types of Findings

AB Abrasion	BU Burn	DI Discharge	HC Hymenal Cleft	OSC Other Skin Condition	PGW Possible Genital Wart	SW Swelling
AHT Absent Hymenal Tissue	CV Congenital Variation	EC Ecchymosis (bruise)	IN Induration	OT Other	SH Submucosal Hemorrhage	TE Tenderness
AL Anal Laxity	DE Debris	ER Erythema (redness)	LA Laceration	PW Perianal Wart	SI Suction Injury	VL Vesicular Lesion
BI Bite	DF Deformity	FB Foreign Body	OI Other Injury (describe)	PE Petechiae		

Locator #	Description	Locator #	Type	Description

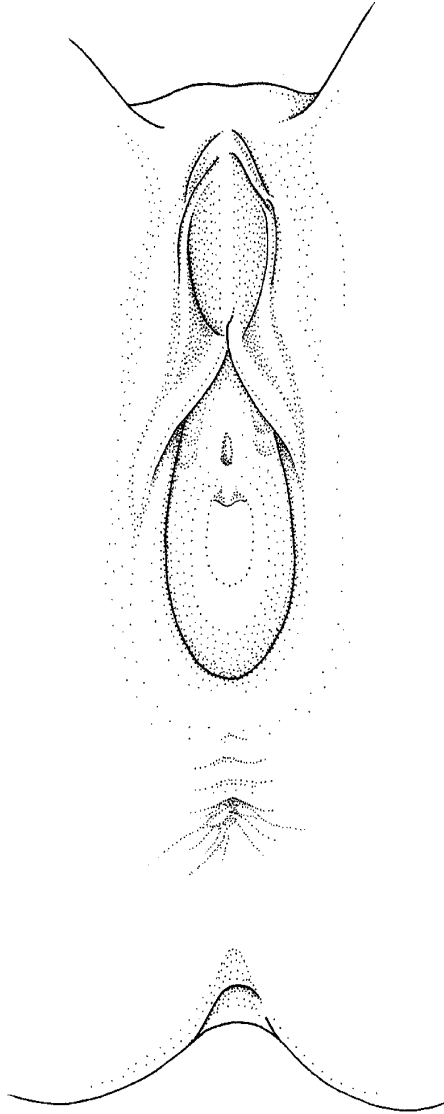
I. EXAMINATION OF THE EXTERNAL GENITALIA AND PERINEAL AREA

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Use a colposcope or employ other means of magnification.
2. Examine the genital structures.
 - See page 5 of instructions for diagrams of the genital structures.
 - Use exam techniques described in instructions.
 - Diagram the position that best illustrates your findings.

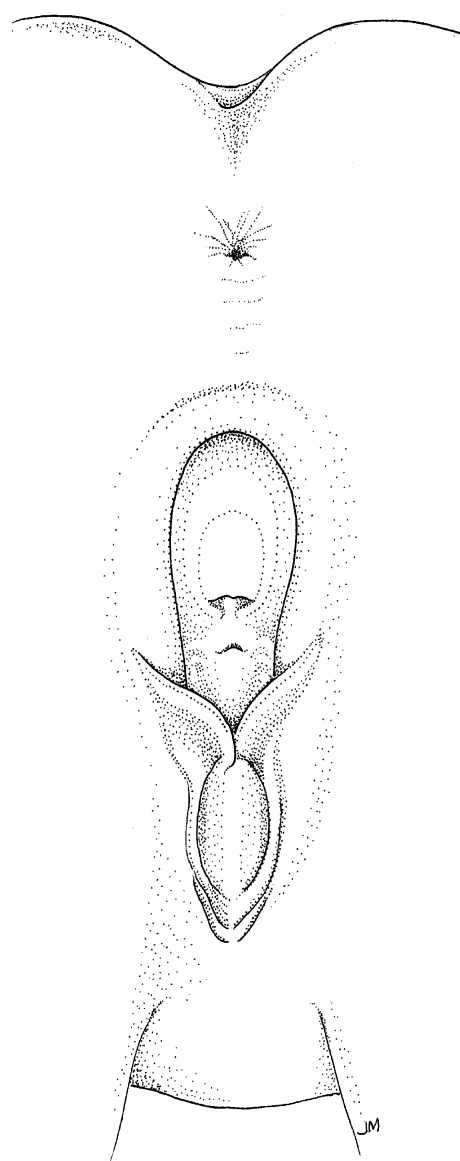
Patient Identification

Diagram G



Supine

Diagram H



Knee-Chest

Diagram I

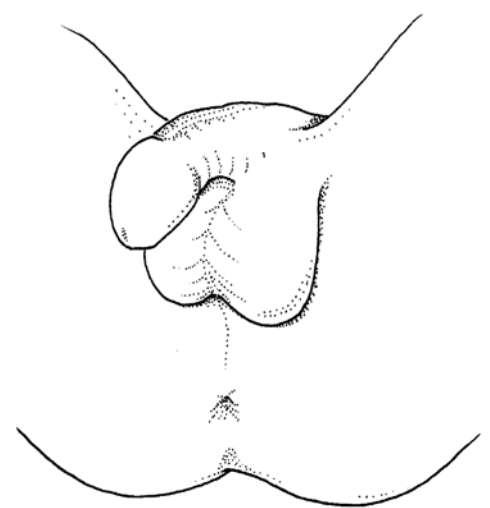
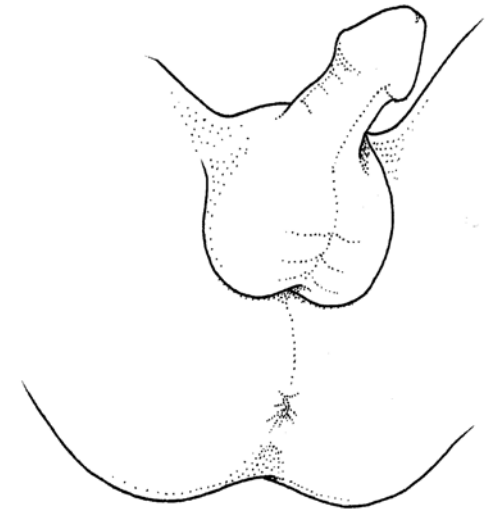


Diagram J



Penis

LEGEND: Types of Findings

AB Abrasion	BU Burn	DI Discharge	HC Hymenal Cleft	OSC Other Skin Condition	PGW Possible Genital Wart	SW Swelling
AHT Absent Hymenal Tissue	CV Congenital Variation	EC Ecchymosis (bruise)	IN Induration	OT Other	SH Submucosal Hemorrhage	TE Tenderness
AL Anal Laxity	DE Debris	ER Erythema (redness)	LA Laceration	PW Perianal Wart	SI Suction Injury	VL Vesicular Lesion
BI Bite	DF Deformity	FB Foreign Body	OI Other Injury (describe)	PE Petechiae		

Locator #	Type	Description	Locator #	Type	Description

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J. ANAL-GENITAL FINDINGS

1. Exam method:

Direct visualization Colposcope Other magnification

2. General Female/Male

WNL ABN Describe

Inguinal adenopathy _____

Perineum _____

3. Genital Tanner Stage 1 2 3 4 5

4. Female Genitalia

Exam positions/methods: Separation Traction Knee chest

Supine

Prone

Saline/water Moistened swab Catheter Other:

WNL ABN Describe

Labia majora

Labia minora

Clitoral hood

Perihymenal tissues (vestibule)

Hymen Supine Prone

Record morphology:

Annular _____

Crescentic _____

Imperforate _____

Septate _____

Fossa navicularis

Posterior fourchette

Vagina (pubertal adolescents)

Cervix (pubertal adolescents)

Discharge No Yes If yes, describe:

Patient Identification

5. Male Genitals

WNL ABN Describe

Penis _____

 Circumcised _____

 Uncircumcised _____

Foreskin _____

Glans Penis _____

Penile Shaft _____

Urethral meatus _____

Scrotum _____

Testes _____

Discharge No Yes If yes, describe:

6. Female/Male Anus and Rectum

Exam positions Observation Observation with traction

Supine

Supine knee chest

Prone knee chest

Lateral recumbent

Exam methods: Moistened swab Other: _____

Anoscopy

WNL ABN Describe:

Buttocks _____

Perianal skin _____

Anal verge/folds _____

Rectum _____

Anal dilation No Yes If yes: Immediate Delayed

Stool present in rectal ampulla No Yes Undetermined

K. FINDINGS AND INTERPRETATION

1. Anal-Genital Findings

Normal anal-genital exam

Abnormal anal-genital exam

Indeterminate anal-genital exam

2. Assessment of Anal-Genital Findings

Consistent with history

Inconsistent with history

Limited/Insufficient history

3. Interpretation of Anal-Genital Findings

Normal exam: can neither confirm nor negate sexual abuse

Non specific: may be caused by sexual abuse or other mechanisms

Sexual abuse is highly suspected

Definite evidence of sexual abuse and/or sexual contact.

4. Need further consultation/investigation

5. Lab results or photo review pending (may alter assessment)

6. Additional comments regarding findings, interpretations, and recommendations.

L. MEDICAL LAB TESTS PERFORMED

STD Cultures GC Chlamydia Other Describe Taken by

Oral _____ _____

Vestibular _____ _____

Vaginal _____ _____

Cervical _____ _____

Rectal _____ _____

Penile _____ _____

Wet mount _____ _____

Serology Syphilis HIV Hepatitis _____

Pregnancy test Blood Urine _____

Other test(s) _____

M. TOXICOLOGY

Urine Toxicology No Yes Taken by: _____

N. PHOTO DOCUMENTATION METHODS

Body No Yes Colposcope/35mm Macrolens/35mm Colposcope/Videocamera Other Optics Photographed by: _____

Genitals _____

O. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Exam performed by:	Telephone:	Signature of Examiner:	License No.
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