MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SAFE-CARE MEDICAL EXAMINATION

Save Print Reset

EXAMINATION AND INCIDENT INFORMATION

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

EVALUATION FOR SUSPECTED ABUSE	ALLEGED ABUSER
☐ Sexual ☐ Physical ☐ Emotional ☐ Neglect ☐ Other:	

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

☐ Victim ☐ Parent or Guardian
☐ Children's Division ☐ Law Enforcement
☐ Health Care ☐ Other _____

REFERRING AGENCY OR PERSON NAME	PHONE NUMBER
ADDRESS	

VICTIM INFORMATION

VICTIM NAME	DATE OF BIRTH	AGE	SEX ☐ Female ☐ Male

RACE
☐ AMERICAN INDIAN/ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER ☐ WHITE

HISPANIC ETHNICITY
☐ YES ☐ NO

AUTHORIZATION FOR EXAMINATION REQUESTED BY VICTIM/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. A copy of this entire twelve-page form will be submitted to the Department of Health and Senior Services (DHSS) for collection of aggregate public health data.

SIGNATURE OF (CHECK ONE) ☐ Victim ☐ Parent ☐ Guardian	SIGNATURE

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 victim.

FACILITY NAME	FACILITY ADDRESS	
FACILITY FEDERAL ID NUMBER	COUNTY OF FACILITY	PHONE NUMBER
MEDICAL PROVIDER NAME AND TITLE		
SIGNATURE OF MEDICAL PROVIDER	SIGNATURE OF CO-EXAMINER (IF APPLICABLE)	

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 victims for the sexual assault forensic examination.** The DPS will only pay for the forensic exam, not the medical treatment, for sexual assault victims. All other medical charges should be billed to the victim or 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
- ☐ 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 orally assaulted)
- ☐ 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 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)

CITY	COUNTY	CODE	STATE	ZIP CODE

2. LOCATION OF ALLEGED ABUSE IF DIFFERENT FROM ABOVE

1. State 2. County Code ☐ 9. 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 Child	Name (Last, First)	✓ If Lives w/Patient	Age	Sex	Race
A. Mother						
☐ 1. Biological/adoptive			☐		F	
☐ 2. Step			☐		F	
☐ 3. Foster/Guardian			☐		F	
B. Father						
☐ 1. Biological/adoptive			☐		M	
☐ 2. Step			☐		M	
☐ 3. Foster/Guardian			☐		M	
C. Siblings						
1.			☐			
2.			☐			
3.			☐			
4.			☐			
5.			☐			
6.			☐			
D. 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)	Aunt/uncle (A)	Babysitter (B)	Friend/acquaintance (F)	Unknown (U)
Day care (D)	School (S)	Institution (I)	Other (O) specify: _____	

RACE/ETHNICITY

White (W) Black (B) Hispanic (H) Other (O) specify: _____ Unknown (U)

SAFE-CARE MEDICAL EXAMINATION

ADDITIONAL HISTORY

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

TIME
Hour Minutes ☐ a.m. ☐ p.m.

2. ALLEGED PERPETRATOR CURRENTLY HAS ACCESS TO PATIENT
☐ 1. Yes ☐ 2. No. ☐ 9. Unknown

3. EVIDENCE OF IMMINENT DANGER
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

If imminent danger, explain: _____

BEHAVIORS/ACTS, AS REPORTED BY HISTORIAN/PATIENT:

(Report positives in narrative below)

Contact with **patient's 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. Object (specify below)

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

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

☐ 17. Patient contacted alleged perpetrator's genitals
☐ 18. Fondling of patient:
  ☐ a. outside of clothes
  ☐ b. inside of clothes
☐ 19. Licking, kissing of nongenital area of patient
☐ 20. Ejaculation of alleged perpetrator

☐ 21. Lubrication Used
☐ 22. Foam, Jelly, Condom Used
☐ 23. Threats or Bribes Used
☐ 24. Physical Force Used
☐ 25. Photos, Video Taken

☐ 27. Patient was burned
☐ 28. Patient was strangled/suffocated
☐ 29. Patient was confined/restrained

☐ 30. Patient was hit/beat
☐ 31. Patient was shaken
☐ 32. Patient was thrown/pushed
☐ 33. Other _____

NARRATIVE REGARDING ABUSIVE BEHAVIOR/ACTS ☐ OR DICTATION ATTACHED

SAFE-CARE MEDICAL EXAMINATION

PAST MEDICAL HISTORY

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

1. ALLERGIES
☐ a. NKDA ☐ b. Yes ☐ c. Unknown

2. IMMUNIZATIONS
☐ a. UTD ☐ b. NUTD ☐ c. Unknown

3. CURRENT MEDICATIONS (LIST):

4. CHRONIC ILLNESS (DESCRIBE):

5. 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 ☐ a. NO

TYPE OF ABUSE

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

FAMILY SOCIAL HISTORY

1. CURRENT FAMILY STRESSES

2. SUPPORTS

3. HISTORY OF ABUSE/NEGLECT IN FAMILY MEMBER OTHER THAN PATIENT
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

IF YES, DESCRIBE

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
2. Height: _____ ☐ a. IN ☐ b. CM Percentile 0.00%
3. Weight: _____ ☐ a. LB ☐ b. KG Percentile 0.00%
4. Head Circum.: _____ ☐ a. IN ☐ b. CM Percentile if under age 2 0.00%
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	☐	☐	

SAFE-CARE MEDICAL EXAMINATION

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	1. Pelvic	☐	☐
☐ 2. Knee-chest			
☐ 3. Lateral			
☐ 4. Prone			

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. Urethral/Periurethral	☐	☐	
7. Perihymenal Tissue	☐	☐	
8. Posterior Fourchette	☐	☐	
9. Fossa Navicularis	☐	☐	
10. Vagina	☐	☐	

MALES

	Normal	Abnormal	Describe Any Abnormal Findings
1. Penis	☐	☐	
2. Scrotum	☐	☐	
3. Urethral Meatus	☐	☐	
4. Perineum	☐	☐	
5. Testes	☐	☐	

6. Circumcised ☐ Yes ☐ No

7. 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/Perineal Area	☐	☐	
4. Buttocks	☐	☐	
5. Perineum	☐	☐	

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SAFE-CARE MEDICAL EXAMINATION

LABORATORY COLLECTION ☐ **1. NONE**

Test	Done	+	-	Pend	Test	Done	+	-	Pend
Gonorrhea Culture					Chlamydia Trachomatis Culture				
Vaginal					Vaginal				
Urethral					Urethral				
Rectal					Rectal				
Oral					Whiff Test				
Hepatitis B					UCG				
Hepatitis C					KOH				
HIV					Vaginal Wet Mount				
VDRL or RPR					Pap Smear				
Blood Culture					Electrolytes, Glucose				
Urine Culture					Urinalysis				
CBC Differential					Other				
PT/PTT Bleeding Time									
Drug Screen									

SEXUAL ASSAULT KIT COMPLETED

☐ 1. Yes ☐ 2. No

AGENCY RECEIVING

RADIOLOGICAL STUDIES ☐ **a. NOT DONE**

	Results
☐ 1. Skeletal Survey	
☐ 2. CT ☐ Head ☐ Other _____	
☐ 3. MRI ☐ Head ☐ Other _____	
☐ 4. 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:

AGENCIES NOTIFIED

1. Child abuse/neglect hotline (MO telephone 800-392-3738): ☐ a. MO ☐ b. Other

☐ 2. Children's Division presented child to provider for evaluation, hotline previously notified
☐ 3. Law enforcement
☐ 4. Juvenile authorities
☐ 5. Other

SAFE-CARE MEDICAL EXAMINATION

FINDINGS

A. DECEASED

☐ 1. Referral to medical examiner

B. 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. Other

☐ 2. Inconclusive for Abuse at this time.

C. PHYSICAL FINDINGS (CHECK ALL THAT APPLY)

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

☐ 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.

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

☐ 5. No physical findings.

D. CHILD AT ELEVATED RISK FOR ABUSE/NEGLECT

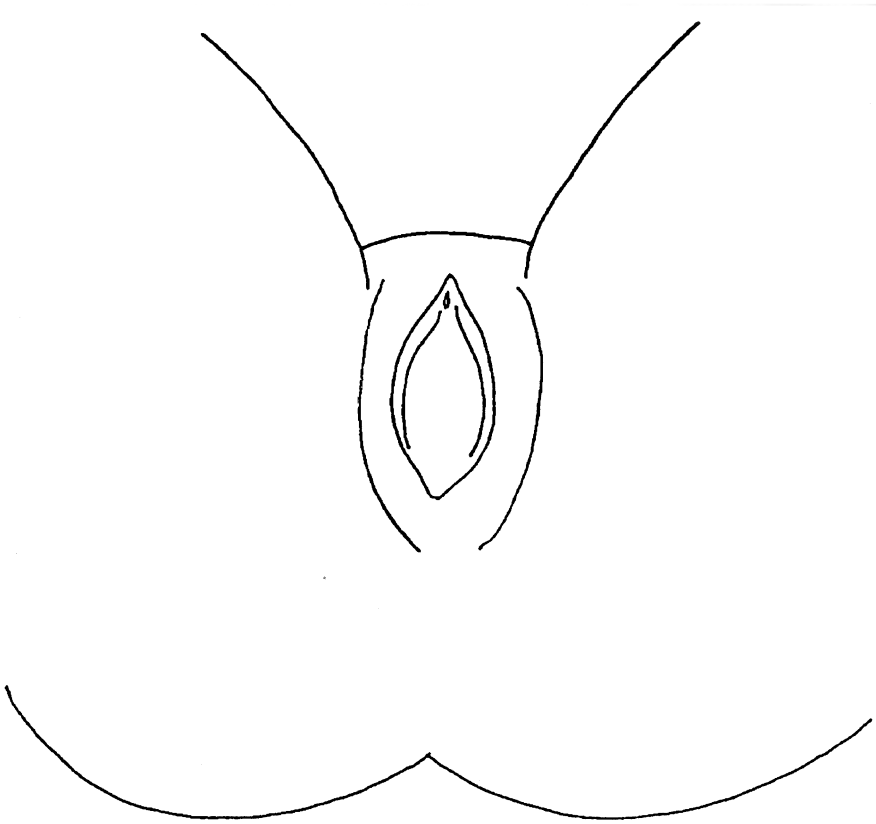
☐ 1. No

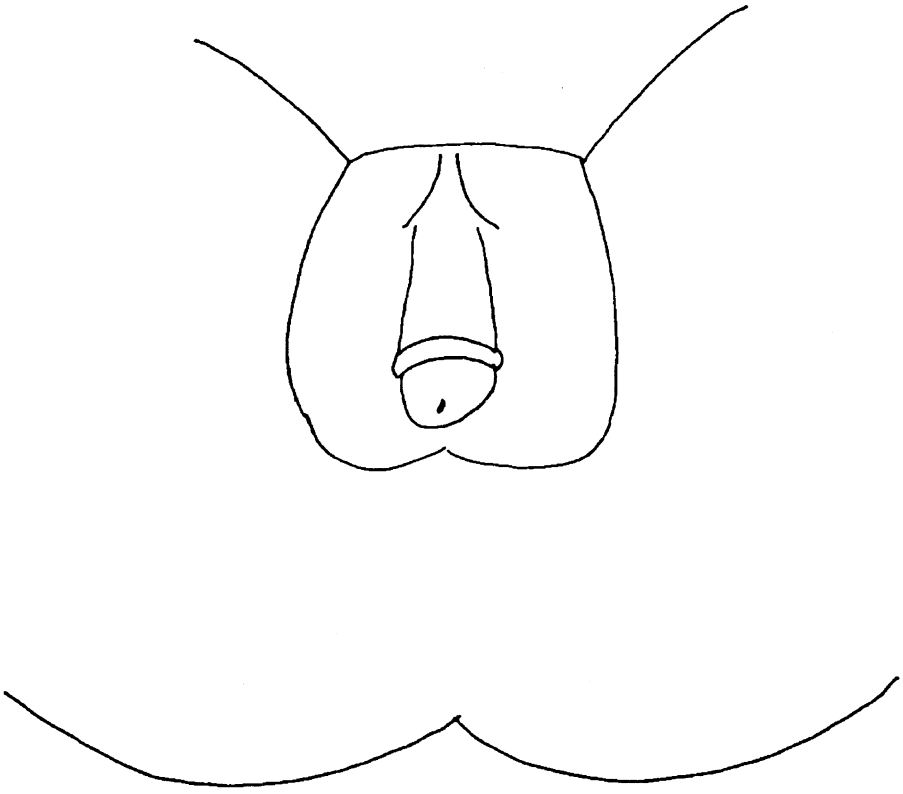
☐ 2. Yes (describe in narrative)

NARRATIVE OF FINDINGS (OR DICTATION ATTACHED ☐)

SAFE-CARE MEDICAL EXAMINATION

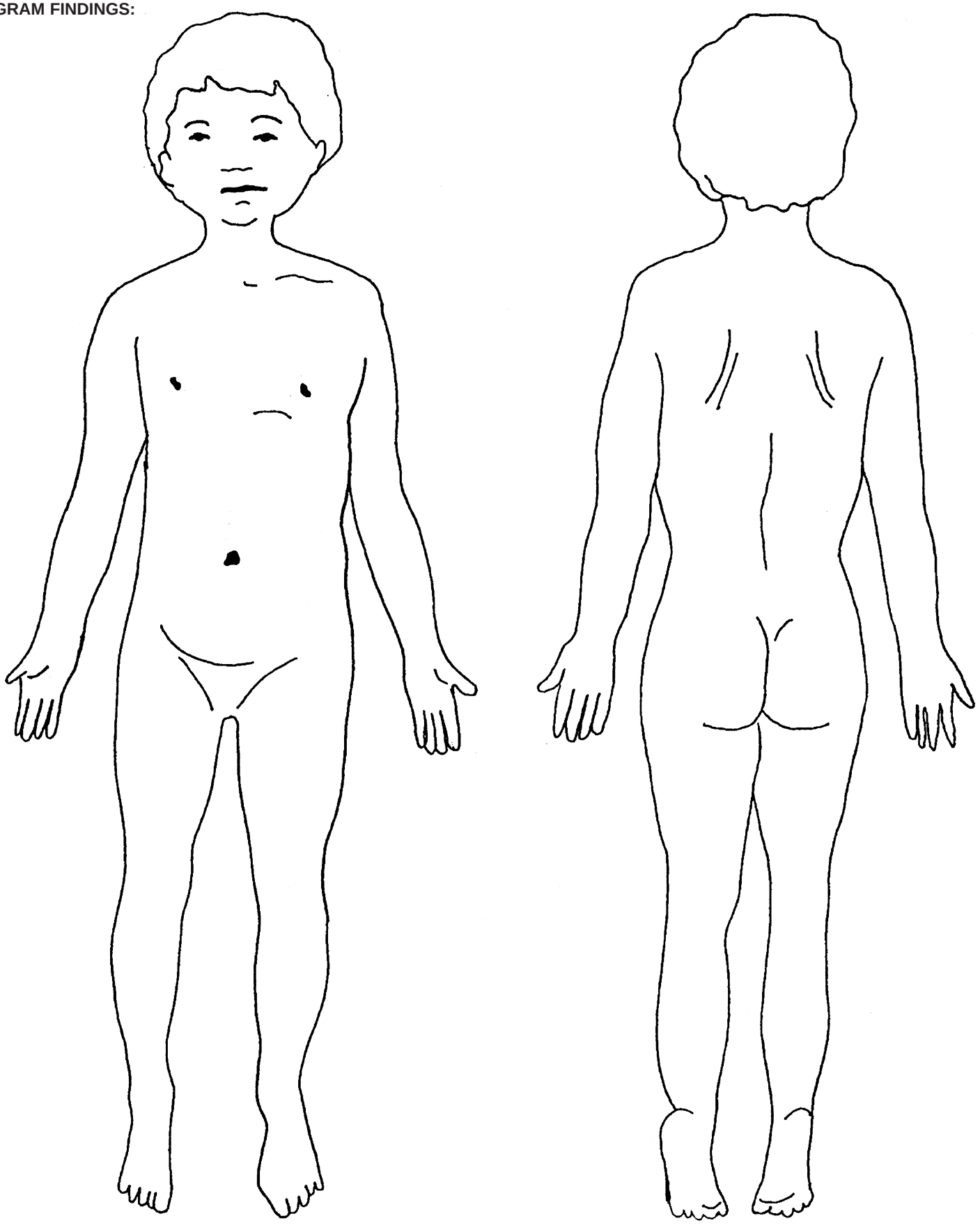
DIAGRAM FINDINGS:





SAFE-CARE MEDICAL EXAMINATION

DIAGRAM FINDINGS:



SAFE-CARE MEDICAL EXAMINATION

DIAGRAM FINDINGS: