

CHILD SEXUAL ABUSE / ASSAULT FORM

Date: Time: am	pm Examining Medical Provider	
DEMOGRAPHICS:		
Child's Name:	DOB: Age:	
Home Address:	Race: Gender:	
	Legal Guardian:	
Telephone:	Relationship to Patient:	
HISTORY (BY ADULT): (preferably separate from child)		
Name and relationship of historian to patient:		
HISTORY (BY CHILD): (preferably separate from parent; use exact v	words in quotations for key information):	
(), (t), «-t		

PATIENT IDENTIFICATION:	

REVIEW OF SYSTEMS:				
General health:				
HEENT:				
Cardio:				
Resp:				
Skin: (eczema, unusual marks, bumps or rashes)				
GI: (diarrhea, constipation, encopresis, blood)				
GU: (dysuria, genital pain, itching, discharge, blood, excessive masturbation)				
Other:				
PAST MEDICAL HISTORY:				
Medications: Allergies:				
Surgery:				
Hospitalizations:				
Other:				
BEHAVIORAL HISTORY:				
General changes in behavior:				
Changes in school performance:				
Sexualized behaviors:				
SOCIAL HISTORY:				
Prior CPS history: YES No				

SEXUAL/GYNECOLOGIC H	HISTORY: (Please cir	rcle appropriate respon	se):			
Has the patient started menst	ruating?	Yes	No			
If yes, age at menarche:			Date of LMP	?:		
Has the patient EVER had vag	ginal intercourse	Yes	No			
If yes, date of last sexual contact:			Contraceptive used: (Type):			None
Previous history of genital tra	numa:	Yes	No			
Previous history of physical a	ibuse?	Yes	No	Sexual abuse	Yes	No
If yes, explain:						
PHYSICAL EXAMINATION	J:					
Vital Signs:	Wt:	Ht:	Percentile/BMI:			
Child's behavior & appearance	ce:					
HEENT:						
Breasts:						
Chest:						
Cardiovascular:						
Abdomen:						
Extremities:						
Neurologic:						
Skin:						

Pubic hair development:

FEMALE EXTERNAL GENIT	TALIA:					
Normal	Abnormal (diagram above	e, describe below)				
Erythema (Redness):			Urethral Ab	normalitie	es:	
Abrasions:			Labial Adhe	esions:		
Ecchymosis (Bruising):			Friability: _			
Discharge:			Other:			
ANO-GENITAL EXAMINA	TION: (diagram any fin					
TANNER STAGE:						
Breast development:	I	II	III	IV	V	
Genital development: Male:	I	II	III	IV	V	

III IV

II

HYMEN:						
B cfa U	Abnormal (diagram abo	ve, describe below	·)			
Morphology: (circle all that apply	r): Annular/Circumf	erential Cre	scentic	Estrogenized	Septate	
Imperforate	Cribiform	Fimbriated	Other: _			
Other findings: (Give location by	clock face, with clitoris at	12 O'clock):				
Discharge:		Hyme	nal rim absence	e:		
Erythema (redness):		Hyme	enal cleft/notch	:		
Laceration:		Transe	ection:			
Narrow hymenal rim:		Other	:			
VAGINA/CERVIX :						
Not examined	Normal		Abnormal	(diagram above, d	escribe below)	
Findings:						
ANUS:						
Normal		Abnormal (diag	ram above, des	cribe below)		
Erythema(redness):						
Ecchymosis (bruising):			_			
Gaping/Immediate dilatation (dia			=			
Other:						
MALE CENTER IA						
MALE GENITALIA:						
Normal		Abnormal (diag	ram above, des	cribe below)		
Findings:						
RECORDED IMAGES:						

CHILD SEXUAL ABUSE / ASSAULT FORM

ASSESSMENT:	Comment:
Genital Examination Reveals: (Check all that apply)	
Normal genital exam (does not exclude abuse)	
Findings indicate a diagnosis other than	
trauma (does not exclude abuse)	
Evidence of acute trauma	
Possible healed trauma	
Definite healed trauma	
History: (Check all that apply)	Comment:
3 rd party witness of abuse (including images)	
Circumstantial evidence	
Suggestive statements by skild	
Suggestive statements by child	
Clear disclosure by child	
Overall Assessment: (Check One):	Comment:
Non-abuse diagnosis	
Cannot diagnose nor exclude abuse	
Suspicious for abuse	
Diagnostic of abuse	
TREATMENT:	
STI treatment: Yes No Specify:	
Other treatment: Yes No Specify: _	
Other medications:	

RECOMMENDED FOLLOW-UP	MENTAL HEALTH REFERRAL
Repeat exam in/on	
-	Crisis care
HIV prophylactic treatment	
HIV testing	Mental health evaluation of the child
U	
Gynecological assessment / Pap smear	Mental health evaluation of adult(s)
, 1	
Others:	Name
	Developmental assessment of the child
DISPOSITION	
DISPOSITION:	
Reported to CPS worker:	
	Badge #:
Admitted Facility:	
	Transferred Facility:
Discharged	
Home	DSS
Foster Care	Kinship Care
	•
ADDITIONAL NOTES:	

PATIENT IDENTIFICATION: _____

DF-BH98 NAME

CHILD SEXUAL ABUSE / ASSAULT FORM

A 98=75@DFCJ=89F'S SIGNATURE