Victorian Forensic Paediatric Medical Service

Record of forensic evaluation in relation to physical injury or harm

The Royal Children's Hospital Melbourne

Patient details

Surname	
Given name(s)	Gender: ◯ Female ◯ Male ◯ Nonbinary ◯ Transgender ◯ Other Sex recorded at birth: ◯ Female ◯ Male ◯ Intersex
Date of birth / /	Age in years
Address	Postcode

Mother's name	
Mother resides with child ◯ Yes ◯ No	Telephone
Father's name	
Father resides with child ◯ Yes ◯ No	Telephone
Address (if different to above)	Postcode
Person/s with parental responsibility (if not both parents)	Telephone

Examination

Date / /	Time commenced :	Time concluded :
Place		
Persons present in interview		
Persons present in examination		
Name of doctor performing assessment		

Patient Sticker

VFPMS assessment consent form

You can choose whether or not to consent to a forensic evaluation.

I,	hereby consent to a complete medical evaluation
including physical examination of	by a medical practitioner.

I am aware that the findings of the medical evaluation will be documented and a report prepared.

Following such examination or in association with the examination (please tick if consent is given):

- ◯ **I consent to collection of medical and medico-legal specimens,**
- ◯ **I consent to photographic documentation,**
- ◯ **I consent to investigations as recommended by the examining doctor,**
- ◯ **I consent to treatment,**
- ◯ **I consent to release of a medical report to Child Protection and Victoria Police,**
- ◯ **I consent to information in relation to my child/myself being obtained from others**
- ◯ **I consent to information associated with the evaluation being used for teaching purposes but only if all identifying data is removed.**

Signature of person/s with parental responsibility	Signature of person/s with parental responsibility
Name (print)	Name (print)
Relationship to child	Relationship to child
Date / / Time :	Date / / Time :

OR

Signature of Child Protection practitioner	
Name (print)	
Under *Children Youth and Families Act 2005* section	
Date	Time

Consent may be withdrawn at any time during the assessment. Specific consent will be required for additional medical procedures.

VFPMS assessment adolescent (mature minor) consent form

You can choose whether or not to consent to forensic evaluation.

I, hereby consent to

a complete medical evaluation including physical examination of myself by a medical practitioner. I am aware that the findings of the medical evaluation will be documented and a report prepared.

Following such examination or in association with the examination (please tick if consent is given):

- ○ **I consent to collection of medical and medico-legal specimens,**
- ○ **I consent to photographic documentation,**
- ○ **I consent to investigations as recommended by the examining doctor,**
- ○ **I consent to treatment,**
- ○ **I consent to release of a medical report to Child Protection and Victoria Police**
- ○ **I consent to information being obtained from others**
- ○ **I consent to information associated with the evaluation being used for teaching purposes but only if all identifying data is removed.**

Signature

Name (print)

Date / /	Time :

I, Doctor

hereby state that this person has been assessed as being a mature minor on the basis of his/her demonstrated capacity to understand the nature and purpose of the forensic medical procedure (including sample collection for forensic analysis and potential use of test results in the criminal justice system), and that he/she has demonstrated a capacity to make a choice about whether or not to consent to the procedure (in part or in whole).

Date / /	Time :

Consent may be withdrawn at any time during the assessment. Specific consent will be required for additional medical procedures.

Medical history

Name of person providing this information

Antenatal and perinatal history

Medical/surgical/mental health history

e.g. clotting or bleeding disorders, past illnesses, injuries, surgery

Allergies

Medications

Immunisation

e.g. hepatitis B vaccination

◯ Up to date

Genogram/family history

Consider renal and liver disease, bleeding disorders, fractures and dislocations, abuse and neglect

Development/HEADSS assessment

Behavioural problems

Prior Child Protection/Orange Door referrals and interventions

Include details of past and current court orders to which the child was/is subject (name of order, date issued, expiry date)

Details from police or Child Protection practitioner

Document the title and name of the person who referred the child to VFPMS Information obtained from

Date / / Time : Region

What agencies are currently involved?

Details from child or person with parental responsibility

Information obtained from

Include date/s of alleged assault/s, time, location, sites on child's body where injuries might have occurred, implements used, post assault pain/bleeding, whether alcohol/drugs consumed and identities of alleged assailant/s

Current symptoms

Consider pain, limitation of movement, bleeding and genitourinary, respiratory and neurological symptoms

Examination findings

Child's appearance, interaction and behaviour

Emotional state, intellect, interactions, clothing, nutrition, effects of alcohol/drugs, cooperation, limitations

Examination findings

Use body charts for diagrams. In addition, photo-documentation of injury is strongly encouraged

Ht (%ile) Wt (%ile) HC (%ile)

Photography

Photography of body ◯Yes ◯No

List sites

By whom?

Date / / Time :

Medication provided

Hospital microbiology/pathology/radiology

◯Yes ◯No

List

Follow-up arrangements and referrals

Letter to GP

◯Yes ◯ No

Name and address of GP