



Victorian Forensic Paediatric Medical Service

Record of forensic evaluation in relation to suspected sexual assault



The Royal **Children's**
Hospital Melbourne

.....

Patient details

Surname	
Given name(s)	Gender <input type="radio"/> Male <input type="radio"/> Female
Date of birth / /	Age in years
Address	Postcode

Mother's name	
Mother resides with child <input type="radio"/> Yes <input type="radio"/> No	Telephone
Father's name	
Father resides with child <input type="radio"/> Yes <input type="radio"/> No	Telephone
Address (if different to above)	Postcode
Guardian (if not parent)	Telephone

Examination

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

FMEK 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 colposcopic-assisted video-documentation for the purpose of peer review,
- 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 parent/guardian

Name (print)

Relationship to child

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Consent may be withdrawn at any time during the assessment.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 colposcopic-assisted video-documentation for the purpose of peer review,
- 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 (see page 4)
- 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 results of sample analysis 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 including constipation and UTI or STI, injuries (particularly to genitalia), surgery for post-pubertal females — menarche, menstrual cycle and date of LNMP, contraception, genital symptoms

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 (and sexual assault)

Record sexual relationships between family members, STI in close contacts, Registered Sex Offenders (RSO)

Development/HEADSS assessment

Behavioural problems (particularly sexualised behaviour)

Prior Child Protection/Child FIRST reports/referrals and interventions

Details of court orders to which the child is subject (name of order, date issued, expiry date)

Details from police or Child Protection practitioner

Information obtained from

Region

Document the name of the person who referred the child to VFPMS

When? Date / / Time :

What agencies are currently involved?

Details from child or parent/guardian

Information obtained from

Include date of assault, 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 assailants

Note detailed information of nature of sexual contact/s (what went where), and if any symptoms or signs suggestive of ejaculation. Note possible transmission of body fluids

Note symptoms and signs that might be associated with non-fatal strangulation

Since sexual contact has the child/young person (tick as appropriate):

- | | |
|---|---|
| <input type="radio"/> Drunk liquid/rinsed mouth | <input type="radio"/> Bathed |
| <input type="radio"/> Brushed teeth | <input type="radio"/> Showered |
| <input type="radio"/> Eaten | <input type="radio"/> Changed clothes |
| <input type="radio"/> Voided | <input type="radio"/> Used menstrual hygiene product(s) |
| <input type="radio"/> Defecated | <input type="radio"/> Had sexual intercourse |
| <input type="radio"/> Douched/washed genitalia | |

Current symptoms

Consider pain, discharge or genital fluids, bleeding and other genitourinary, respiratory and neurological symptoms

Was child menstruating at time of alleged events or since alleged events?

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 (note genital diagram must be completed even when findings are normal)

Document light sources and use of magnification

Document areas of body NOT examined

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

Toxicology

Follow-up arrangements and referrals

Letter to GP

Yes No

Name and address of GP

Victorian Forensic Paediatric Medical Service

Tel No RCH: 1300 66 11 42

Fax No: 9345 4105

Dear Dr

Re

Thank you for the ongoing care of _____

who was allegedly sexually assaulted on _____

and underwent a forensic medical examination at MCH/RCH on _____.

In association with this examination the following was performed:

- Emergency contraception (Levonorgestrel 1.5mcgs) given Yes No Pregnancy test Pos Neg
- Azithromycin 1 gram given Yes No
- Hepatitis B vaccine/immunoglobulin given Yes No
- HIV prophylaxis given (under ID direction) Yes No
- There are injuries to be followed up Yes No
- Police have been informed Yes No
- Child Protection are assessing the situation Yes No
- Sexual assault counsellors reviewed and are following up Yes No

The following STI testing was performed at the assessment:

- Urine PCR chlamydia, gonorrhoea, trichomonas Yes No Result _____
- Hepatitis B serology Yes No Result _____
- Hepatitis C serology Yes No Result _____
- Syphilis serology Yes No Result _____
- HIV serology Yes No Result _____

I recommend further testing and management for STI risk as follows and have requested the family make an appointment:

- At 2 to 4 weeks — urine PCR for chlamydia, gonorrhoea and trichomonas, pregnancy test, hepatitis B, hepatitis C, syphilis and HIV serology
- 3 months — hepatitis C and HIV serology
- 6 months — HIV serology
- Hepatitis B vaccine required Yes No

Yours Sincerely

_____ Date / /