



DO NOT WRITE IN BINDING MARGIN

Surname:
Forename:
Date of Birth:
Med Rec. No:

Sexual Assault Checklist

This form is for patients aged 13 years and over who allege sexual assault

Brief details of assault	Date of assault	Time of assault
Support person present: <input type="checkbox"/> Yes <input type="checkbox"/> No "Can we contact anyone for you?"		

Priority medical questions	Yes	No
Have you sustained any injuries or are you in pain?		
Was pressure applied to your neck by any means?		
Do you have any bleeding? (genito-anal)?		
Could you be pregnant?		
Are you on any contraception?		

Forensic questions	Yes	No
Are the police involved?		
Do you wish to report to the police?		
Have you had a shower or bath since it happened?		
Have you changed clothes since it happened?		
Did you know the person who did this before the incident?		

Type of assault	<input type="checkbox"/> Vaginal	<input type="checkbox"/> Oral	<input type="checkbox"/> Anal*	<input type="checkbox"/> Penis	<input type="checkbox"/> Unknown
Penetrated with (e.g. penis, mouth, finger, object)					<input type="checkbox"/> Unknown
Condom used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Ejaculation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*If anal assault, have you opened your bowels since it happened?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Drugs and Alcohol	Yes	No	Details (see over for more space)
Have you recently had any alcohol?			
Have you recently taken any drugs?			
Are you worried about a drug-facilitated sex assault? ('Drink-spike')			

Safety Questions	Yes	No	Details (see over for more space)
Do you have current or recent past mental health issues? (assess suicidality / self-harm risk)			
Do you have safe accommodation?			
Do you feel safe?			

After asking these questions call SARC doctor to discuss

In-hours call (08) 6458 1828

After hours call KEMH switch on (08) 6548 2222

Name: _____ Position: _____

Signature: _____ Date / Time: _____

Sexual Assault Checklist

For Medical Management consider:

- Emergency Contraception
- Baseline STI screening
- BBV screening & syphilis serology
- Post Exposure Prophylaxis (NPEP) for HIV

If patient under 18, complete a mandatory report: www.health.wa.gov.au/mandatoryreport

Forensic Management	Yes	No
Early Evidence Kit specimens collected		
Forensic Toxicology Kit collected		
Specimens handed to <i>(please circle)</i>	Police / PathWest	
Referred for Full Forensic Examination		

Support

☐ Patient Envelope from First Response Pack given to patient

Patient referred to / engaged with:

☐ SARC
☐ Social Work
☐ Mental Health Service
☐ Other e.g. Private Psychologist / Counselling

Notes