State of California

Governor's Office of Emergency Services
(www.caloes.ca.gov)

FORENSIC MEDICAL REPORT: NON-ACUTE CHILD/ADOLESCENT SEXUAL ABUSE EVIDENTIARY EXAMINATION

ADOLESCENTS AGES 12–17 > 120 HOURS
CHILDREN UNDER AGE 12: FOLLOW LOCAL SART POLICY

CAL OES 2-925

July 2020

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California Clinical Forensic Medical Training Center
www.ccfmtc.org

FORENSIC MEDICAL REPORT: NON-ACUTE CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION

STATE OF CALIFORNIA Governor's Office of Emergency Services

Cal OES 2-925

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type) | **Name of medical facility:** | **Case Number:**

1. Name of patient	Arrival date	Arrival time	Discharge date	Discharge time

2. Age	DOB	Biological Gender	Identified Gender	Preferred Pronouns	Ethnicity
		❒ M ❒ F	❒ M ❒ F ❒ Trans F ❒ Trans M ❒ Non-conforming	❒ He ❒ She ❒ They	

3. Address	City	County	State	Telephone

4. Name of: ❒ Parent ❒ Stepparent ❒ Guardian	Address	City	County	State	Telephone (C) (W)

5. Name of: ❒ Parent ❒ Stepparent ❒ Guardian	Address	City	County	State	Telephone (C) (W)

6. Name(s) of Siblings	Gender	Age	DOB	Name(s) of Siblings	Gender	Age	DOB
	M F				M F		
	M F				M F		

B. REPORTING AND AUTHORIZATION — **Jurisdiction** (❒ City ❒ County ❒ Other):

1. Telephone report made to: Law Enforcement ❒ and/or Child Protective Services ❒	Name	Agency	ID Number	Telephone

2. Responding Personnel (med. facility) Law Enforcement ❒ and/or Child Protective Services ❒	Name	Agency	ID Number	Telephone

3. Assigned Investigator (if known) Law Enforcement ❒ and/or Child Protective Services ❒	Name	Agency	ID Number	Telephone

4. Authorization for evidentiary exam requested by law enforcement or child protective services. I request a forensic medical exam for suspected sexual abuse at public expense.

TELEPHONE AUTHORIZATION

Agency:_____

Authorizing party:_____

ID number: _____

Date/time: _____

Name	Signature		
Agency			ID Number
Telephone	Date	Time	Case Number

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Minors: Family Code section 6927 permits minors (12–17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors. NOTE: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody.

- I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. _____ (initial)
- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. _____ (initial)
- I hereby consent to a forensic medical examination for evidence of sexual assault. _____ (initial)
- I understand that data without patient identity may be collected from this report for health and forensic purposes and may be provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic or epidemiological studies. _____ (initial)
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime Restitution Fund for out of pocket medical expenses, psychological counseling, loss of wages and job retraining/rehabilitation. _____ (initial)

Signature _____ ❒ Patient ❒ Parent ❒ Guardian

DISTRIBUTION OF Cal OES 2-925

❒ Original – Law Enforcement ❒ Copy within Evidence Kit – Crime Lab ❒ Copy – Child Protective Services (if patient is a minor) ❒ Copy – Medical Records

D. PATIENT HISTORY

1. Most recent incident(s)	Date(s)	Time/time frame
❒ Multiple incidents over time		

2. Location of most recent incident:

Patient Identification

3. Record patient's name for:
Female genitalia: _____ Male genitalia:_____ Breasts: _____ Anus: _____

4. Alleged Assailant(s) Name(s)	Age	Gender	Ethnicity	Relationship to Patient	Information Provided By
#1		M F		❒ Known: _____ ❒ Unknown	
#2		M F		❒ Known: _____ ❒ Unknown	
#3		M F		❒ Known: _____ ❒ Unknown	

E. MEDICAL HISTORY

1. Name of person providing history	Relationship to patient	Date and Time of Examination

2. Any recent (60 days) anal-genital injuries, surgeries,diagnostic procedures, or medical treatment that may affect interpretation of physical findings? ❒ No ❒ Yes

3. Any other pertinent medical conditions that may affect the interpretation of physical findings? ❒ No ❒ Yes

4. Any pre-existing physical injuries? ❒ No ❒ Yes _____

5. Any previous history of physical abuse and/or neglect? ❒ No ❒ Yes _____

6. Any previous history of sexual abuse? ❒ No ❒ Yes _____

7. Other intercourse? (For adolescents only) If yes, ❒ No ❒ Yes _____

< 5 days? When? _____ ❒ No ❒ Yes _____

Did intravaginal ejaculation occur? ❒ No ❒ Yes _____

Was a condom used? ❒ No ❒ Yes _____

8. Menstrual periods? ❒ No ❒ Yes _____

If yes, age of menarche: _____ Last menstrual period: _____ ❒ Currently menstruating _____

9. Other symptoms disclosed _____

	By patient		By historian		
Abdominal/pelvic pain	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Pain on urination	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Genital discomfort or pain	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Genital bleeding	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Genital itching	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Genital discharge	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Genital rash	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Anal discomfort or pain	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Anal itching	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Anal bleeding	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Constipation	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Enuresis (bed or daytime wetting)	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown
Fecal soiling	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown

Other _____

If yes to any of the above, describe onset, duration, and intensity: _____

F. ACTS DESCRIBED BY HISTORIAN

Name of historian

❒ **Parent** ❒ **Guardian** ❒ **Law Enforcement** ❒ **CPS** ❒ **Interview Center**

Telephone	**Agency Name**

Patient Identification

Breast/Anal/Genital fondling? Describe: _____

Of patient by assailant ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Of assailant by patient ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Genital: vulva, vestibule, vagina contact/penetration by

Penis ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Finger ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Object ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Describe: _____

Associated pain? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Associated bleeding? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Anal contact/penetration by

Penis ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Finger ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Object ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Describe: _____

Associated pain? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Associated bleeding? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Oral copulation of genitals?

Of patient by assailant ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Of assailant by patient ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Oral copulation of anus?

Of patient by assailant ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
Of assailant by patient ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Non-genital acts? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
If yes: ❒ Biting ❒ Fondling ❒ Licking ❒ Kissing ❒ Suction injury ❒ Other

Other acts? Describe: _____

Did ejaculation occur? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
If yes, note location: ❒ Body surface ❒ Vagina ❒ Mouth ❒ Anus ❒ On bedding ❒ On clothing ❒ Other

Lubricants? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
If yes, note type/brand: ❒ Jelly (e.g., KY, Vaseline) ❒ Cream ❒ Foam ❒ Patient saliva ❒ Saliva ❒ Oils ❒ Lotion ❒ Other

Barriers? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
If yes: ❒ Condom ❒ Plastic bag

Force, threat, weapon? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked
If yes: ❒ Force ❒ Threats ❒ Weapon

Strangulation (choking) ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
If yes, note symptoms (check all that apply) ❒ Neck pain ❒ Wheezing ❒ Cough ❒ Incontinence ❒ Voice changes ❒ Swallowing changes ❒ Other (describe) _____ ❒ Loss of consciousness

Photos taken? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
Photos shown? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
If yes: ❒ Pictures ❒ Videotapes ❒ Social media

Were drugs used? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
If yes: ❒ Forced ❒ Coerced ❒ Suspected

Was alcohol used? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
If yes: ❒ Forced ❒ Coerced ❒ Suspected

Loss of memory? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
Lapse of consciousness? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
Vomited after acts? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
Behavioral changes? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked
If yes, describe _____

Describe pain and/or bleeding and additional pertinent history

G. ACTS DESCRIBED BY PATIENT

1. Acts disclosed by patient to:

❒ **Law Enforcement officer** ❒ **Medical provider**

❒ **Multi-disciplinary interview team** ❒ **Social worker**

❒ **Other**

Patient Identification

Breast/anal/genital fondling? Describe: _____

Of patient by assailant ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Of assailant by patient ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Genital: vulva, vestibule, vagina contact/penetration by

Penis ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Finger ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Object ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Describe: _____

Associated pain? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Associated bleeding? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Anal contact/penetration by

Penis ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Finger ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Object ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Describe: _____

Associated pain? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Associated bleeding? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Oral copulation of genitals?

Of patient by assailant ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Of assailant by patient ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Oral copulation of anus?

Of patient by assailant ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Of assailant by patient ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

Non-genital acts? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

If yes: ❒ Biting ❒ Fondling ❒ Licking ❒ Kissing ❒ Suction injury ❒ Other

Other acts? Describe: _____

Did ejaculation occur? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

If yes, note location: ❒ Body surface ❒ Vagina ❒ Mouth ❒ Anus ❒ On bedding ❒ On clothing ❒ Other

Lubricants? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

If yes, note type/brand: ❒ Jelly (e.g., KY, Vaseline) ❒ Cream ❒ Foam ❒ Patient saliva ❒ Saliva ❒ Oils ❒ Lotion ❒ Other

Barriers? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

If yes: ❒ Condom ❒ Plastic bag

Force, threat, weapon? ❒ No ❒ Yes ❒ Attempted ❒ Unsure ❒ Not Asked

If yes: ❒ Force ❒ Threats ❒ Weapon

Strangulation (choking) ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

If yes, note symptoms (check all that apply) ❒ Neck pain ❒ Wheezing ❒ Cough ❒ Incontinence ❒ Voice changes ❒ Swallowing changes ❒ Other (describe) _____ ❒ Loss of consciousness

Photos taken? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

Photos shown? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

If yes: ❒ Pictures ❒ Videotapes ❒ Social media

Were drugs used? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

If yes: ❒ Forced ❒ Coerced ❒ Suspected

Was alcohol used? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

If yes: ❒ Forced ❒ Coerced ❒ Suspected

Loss of memory? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

Lapse of consciousness? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

Vomited after acts? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

Behavioral changes? ❒ No ❒ Yes ❒ Unsure ❒ Not Asked

If yes, describe _____

2. Describe pain and/or bleeding and additional pertinent history

H. GENERAL PHYSICAL EXAMINATION

1. BP	Pulse	Resp.	Temp.	Height	%	Weight	%	BMI

2. Record who is with child during exam. ❒ **N/A**

3. Sexual Maturity Rating/Female Tanner Stage – Breast
❒ **1** ❒ **2** ❒ **3** ❒ **4** ❒ **5**

Patient Identification

4. Describe general physical appearance.

5. Describe general demeanor.

6. Record relevant statements made during exam. **See addendum** ❒ N/A

7. Conduct a general examination ❑ Findings ❑ No findings **General exam within normal limits?** ❑ Yes ❑ No

Diagram A

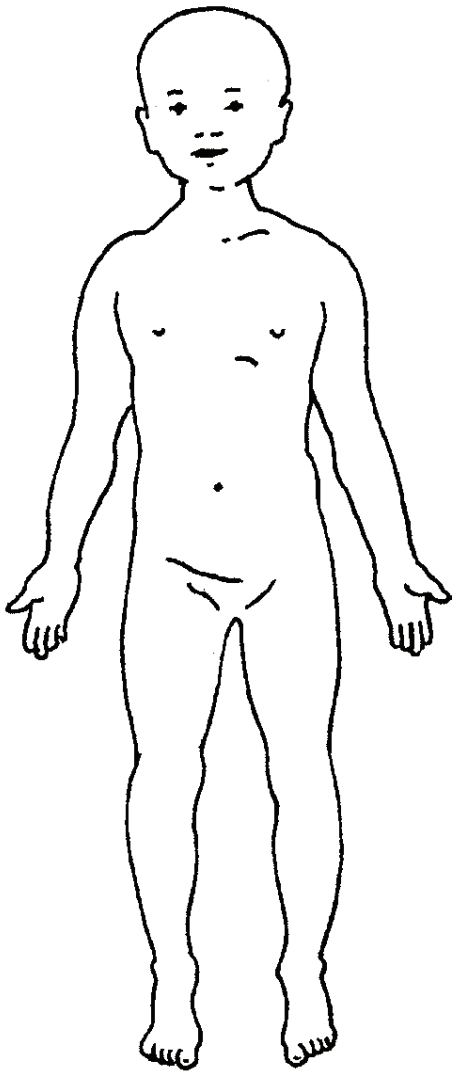
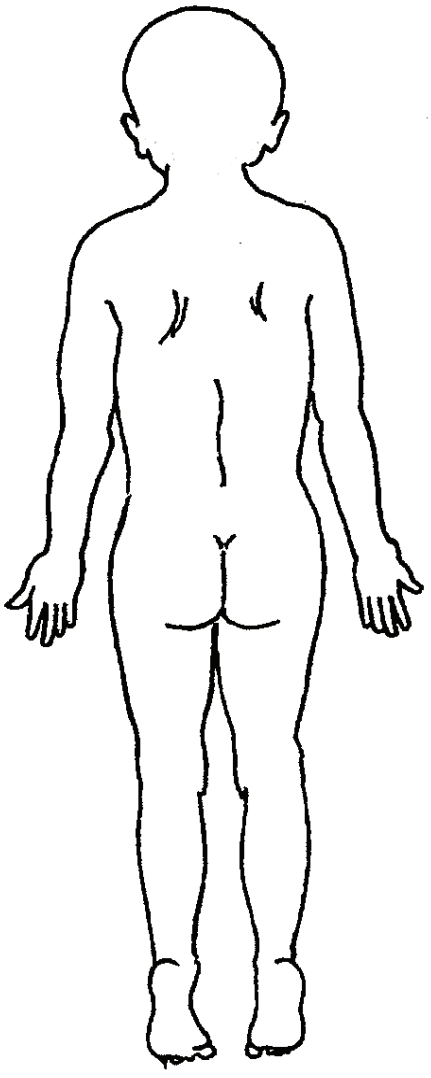


Diagram B



AB Abrasion
AHT Absent Hymenal Tissue
AL Anal Laxity
BI Bite
BU Burn
CV Congenital Variation
DE Debris
DF Deformity
DI Discharge
EC Ecchymosis (bruise)
ER Erythema (redness)
FB Foreign Body
GT Granular Tissue
IN Induration
LA Laceration
OI Other Injury (describe)
OSC Other Skin Condition
PE Petechiae
PGW Possible Genital Wart
PHN/C Possible Hymenal Notch/Cleft
PHT Possible Hymenal Transection
PPW Possible Perianal Wart
PSI Potential Suction Injury
SW Swelling
TE Tenderness
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

I. HEAD, NECK, AND ORAL EXAMINATION

1. Examine the face, head, hair, scalp, and neck for injury.
Use the diagrams and legend to record findings.

❒ Findings ❒ No findings

Patient Identification

Diagram C – Head (right-side view)

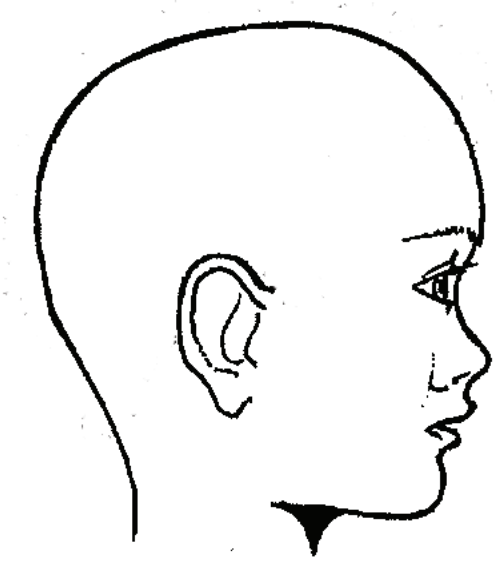


Diagram D – Head (left-side view)

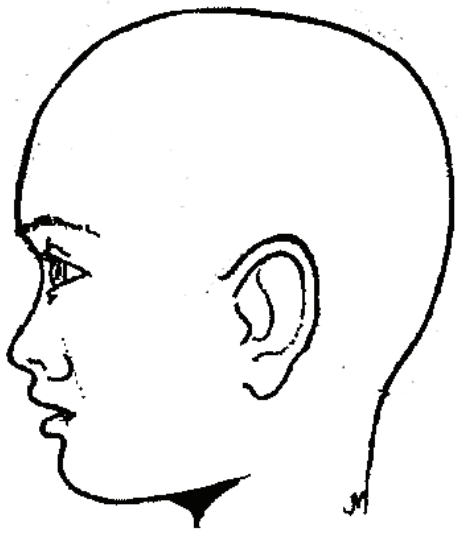


Diagram E – Head (front view)

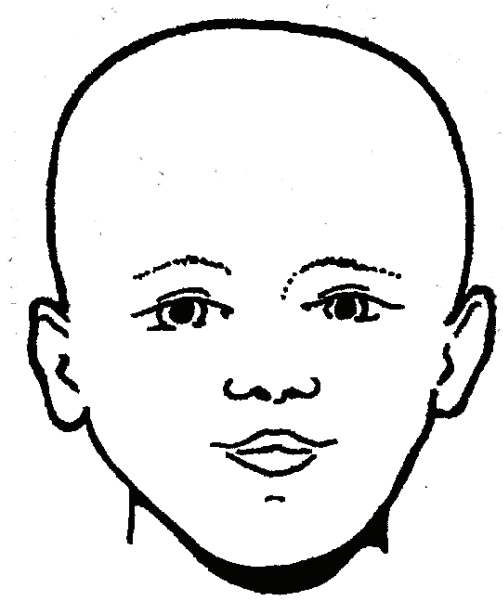
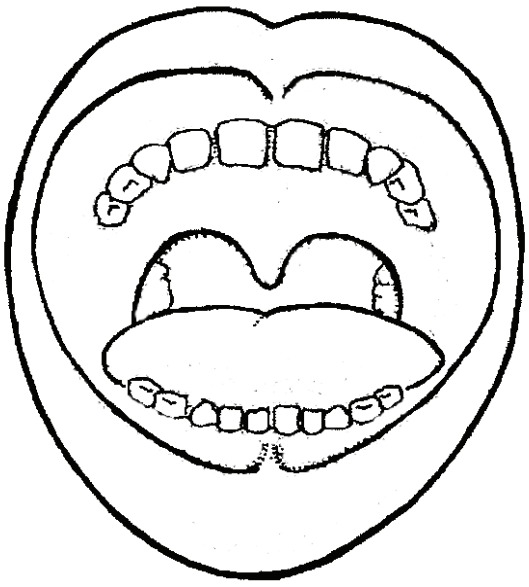


Diagram F – Mouth



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Locator #	Type	Description	Locator #	Type	Description

J. GENITAL EXAMINATION—FEMALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area.

2. Exam Method ❒ Direct visualization ❒ Colposcope ❒ Other magnification

Exam Position	Separation	Traction	Knee-Chest
Prone	❒	❒	❒
Supine	❒	❒	❒

Patient Identification

Exam Technique ❒ Saline/water ❒ Moistened swab ❒ Toluidine Blue Dye
❒ Catheter ❒ Speculum (only for patients w/ SMR of 4 or 5, and only if tolerated) ❒ Other

3. Sexual Maturity Rating/Genital Tanner Stage ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5

4. Examine the genital structures. Check the ABN box(es) if there are abuse/assault-related findings. ❒ No findings

	WNL	**ABN**	**Describe any abnormal or unusual findings**
Inner thighs	❒	❒	
Inguinal adenopathy	❒	❒	
Labia majora	❒	❒	
Labia minora	❒	❒	
Clitoral hood	❒	❒	
Mons pubis	❒	❒	
Perineum	❒	❒	
Periurethral tissue/urethal meatus	❒	❒	
Perihymenal tissue (vestibule)	❒	❒	
Hymen ❒ Supine ❒ Prone	❒	❒	
Record morphology			
❒ Annular ❒ Crescentric			
❒ Imperforate ❒ Septate			
Fossa navicularis	❒	❒	
Vagina (pubertal adolescents)	❒	❒	
Cervix (pubertal adolescents)	❒	❒	

Genital discharge ❒ Yes ❒ No If yes, describe:

Diagram G – Genitals: vulva, vestibule, vagina (supine view)

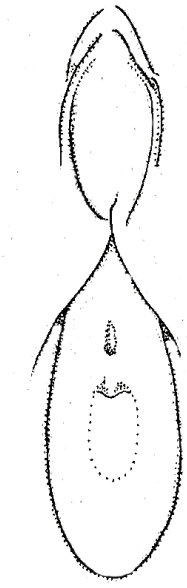
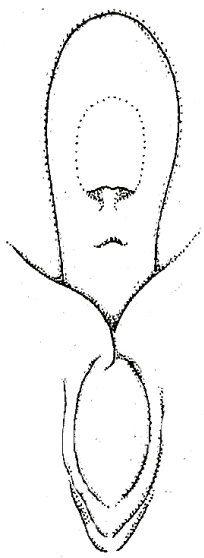


Diagram H – Genitals: vulva, vestibule, vagina (knee-chest view)



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PSI Potential Suction Injury
SW Swelling
TE Tenderness
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

K. GENITAL EXAMINATION – MALES

1. Examine the inner thighs, external genitalia, and perineal area.

Exam position ❒ Prone ❒ Supine ❒ Other

Exam method ❒ Colposcope ❒ Direct visualization only
❒ Other magnification

Patient Identification

2. Sexual Maturity Rating/Genital Tanner Stage ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5

3. Circumcised ❒ Yes ❒ No

4. Check the ABN box(es) if there are abuse/assault-related findings.

❒ No findings	WNL	ABN	Describe:
Inner thighs	❒	❒	
Inguinal adenopathy	❒	❒	
Perineum	❒	❒	
Foreskin	❒	❒	
Glans penis	❒	❒	
Penile shaft	❒	❒	
Urethral meatus	❒	❒	
Scrotum	❒	❒	
Testes	❒	❒	
Discharge ❒ Yes ❒ No	If yes, describe:		

Diagram I – Male Genitals

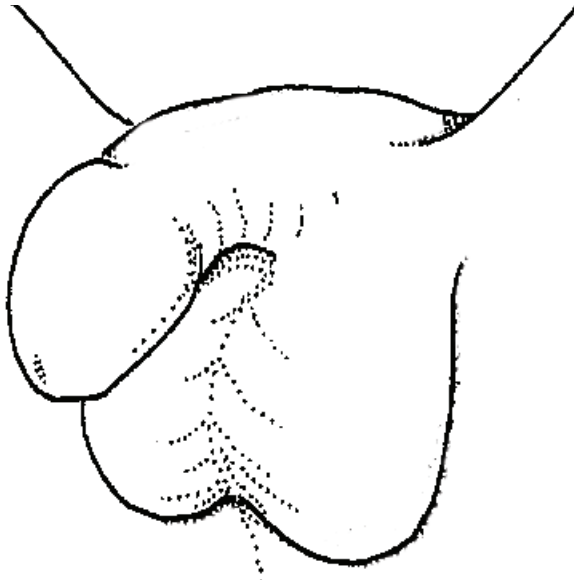
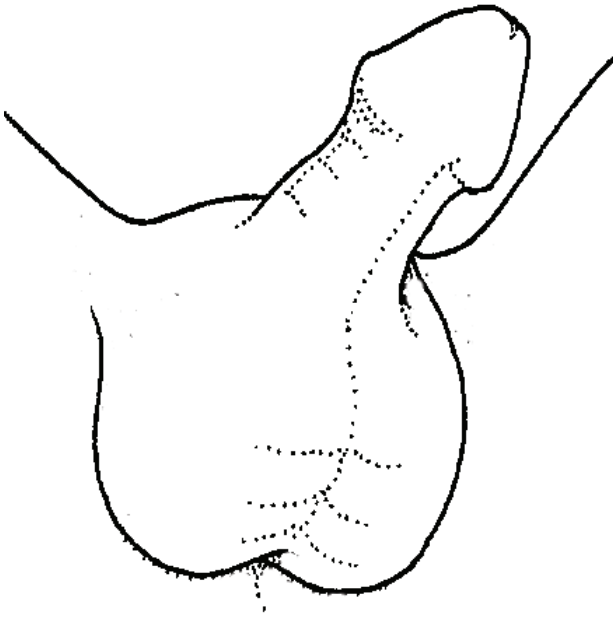


Diagram J – Male Genitals



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LA Laceration
OI Other Injury (describe)
OSC Other Skin Condition
PE Petechiae
PGW Possible Genital Wart
PHN/C Possible Hymenal Notch/Cleft
PHT Possible Hymenal Transection
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PSI Potential Suction Injury
SW Swelling
TE Tenderness
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

L. FEMALE/MALE PERIANAL/ANAL EXAMINATION

1. Examine buttocks, perianal skin, anal folds, and anus for injury,

Exam position	Observation	Separation	Traction
Supine	❒	❒	❒
Supine knee-chest	❒	❒	❒
Prone knee-chest	❒	❒	❒
Lateral recubent	❒	❒	❒

Exam method ❒ Colposcope ❒ Direct visualization only ❒ Other magnification

Exam technique ❒ Toluidine Blue dye ❒ Moistened swab ❒ Other

2. Check the ABN box(es) if there are abuse/assault-related findings. Describe any abnormal or unusual findings. ❒ No findings

	WNL	ABN	Unsure	Describe, if applicable:
Buttocks	❒	❒	❒	_____
Perianal skin	❒	❒	❒	_____
Anal verge/folds/rugae	❒	❒	❒	_____

Anal dilation ❒ Yes ❒ No If yes: ❒ Immediate ❒ Delayed

Stool present in rectal ampulla ❒ Yes ❒ No ❒ Undetermined

3. Additional Information:

_____

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Patient Identification

Diagram K – Anus (supine view)

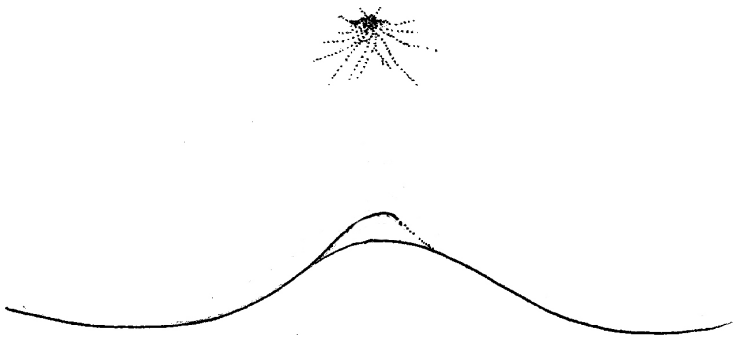
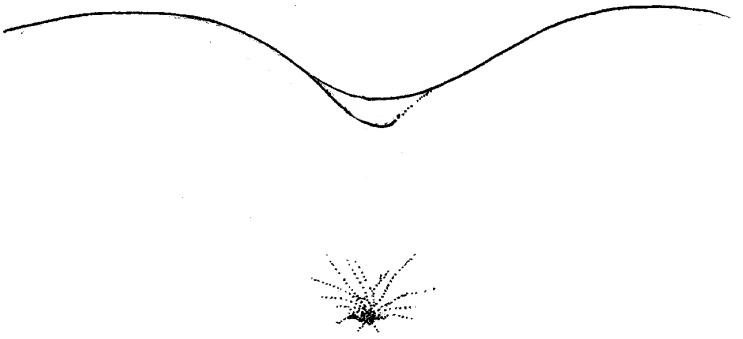


Diagram L – Anus (prone view)



AB Abrasion
AHT Absent Hymenal Tissue
AL Anal Laxity
BI Bite
BU Burn
CV Congenital Variation
DE Debris
DF Deformity
DI Discharge
EC Ecchymosis (bruise)
ER Erythema (redness)
FB Foreign Body
GT Granular Tissue
IN Induration
LA Laceration
OI Other Injury (describe)
OSC Other Skin Condition
PE Petechiae
PGW Possible Genital Wart
PHN/C Possible Hymenal Notch/Cleft
PHT Possible Hymenal Transection
PPW Possible Perianal Wart
PSI Potential Suction Injury
SW Swelling
TE Tenderness
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

M. FINDINGS AND INTERPRETATIONS

1. Medical findings of injury. Summarize all identified findings.

Anal	❒ Yes ❒ No ❒ Unsure	❒ Limited exam
Body	❒ Yes ❒ No ❒ Unsure	❒ Pending further review
Genital	❒ Yes ❒ No ❒ Unsure	❒ Pending follow-up exam
Oral	❒ Yes ❒ No ❒ Unsure	❒ Other

2. Interpretations pending final review (check all that apply)

❒ Normal/normal variant exam (does not negate the possibility of abuse)
❒ Other medical conditions present unrelated to injury that could impact the way the exam is interpreted.
❒ Findings with unclear significance with respect to abuse.
❒ Clear evidence of injury.
❒ Findings of unexplained injury and unaccounted for by history (or no history).
❒ Pregnancy confirms sexual contact
❒ Pending formal laboratory results
❒ Presence of sexually transmitted infection
❒ Pending formal laboratory results

3. ❒ Final interpretation pending formal review of photographic record and a follow up exam. *Note:* Examining clinician reserves the right to amend or revise final interpretation pending further consideration, laboratory results, and/or follow-up exam.
❒ Not applicable

Patient Identification

N. LAB TESTS PERFORMED

Oral ❒ GC ❒ Chlamydia ❒ Other Collected by _____
Describe: _____

Genital ❒ GC ❒ Chlamydia ❒ Other Collected by _____
Describe: _____

Anal ❒ GC ❒ Chlamydia ❒ Other Collected by _____
Describe: _____

Urine ❒ GC ❒ Chlamydia ❒ Other Collected by _____
Describe: _____

Serology ❒ HIV ❒ Syphilis ❒ Hepatitis Collected by _____
Describe: _____

Pregnancy test ❒ Blood ❒ Urine Results: _____

O. PHOTO DOCUMENTATION METHODS

❒ Colposcope with camera ❒ Digital camera/macrolens ❒ Other imaging modality

Extra-genital
❒ Still images ❒ Video images

Anal-genital
❒ Still images ❒ Video images

Photographed by: _____

P. PRINT NAMES OF PERSONNEL INVOLVED

History taken by: _____

Phone: _____

Exam performed by: _____

Phone: _____

Signature of Examiner: _____

License #_____