

# SEXUAL ASSAULT TRIAGE

**PLEASE COMPLETE PRIOR TO CALLING THE CAC**

PATIENT AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ DISABLED: \_\_\_\_\_

WHEN DID THE ALLEGED ASSAULT OCCUR? DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SINCE THE ASSAULT, HAS THE VICTIM:

BATHED/SHOWERED? YES \_\_\_\_\_ NO \_\_\_\_\_ CHANGED CLOTHES? YES \_\_\_\_\_ NO \_\_\_\_\_

BRUSHED TEETH? YES \_\_\_\_\_ NO \_\_\_\_\_ USED INTRAVAGINAL PRODUCT? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS THIS AN ATTEMPTED OR COMPLETED SEXUAL ASSAULT?

ATTEMPTED: \_\_\_\_\_ COMPLETED: \_\_\_\_\_

WAS THE ACT FORCIBLE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAS OR WILL THE PATIENT BE TREATED FOR ANY INJURY OR TRAUMA? YES \_\_\_\_\_ NO \_\_\_\_\_

**AN ADULT PATIENT MUST BE WILLING & ABLE TO CONSENT TO SANE SERVICES. IF A PATIENT WERE UNDER THE INFLUENCE & NOT IN A CONDITION TO CONSENT OR MAKE DECISIONS, THE EXAM WOULD HAVE TO BE DELAYED UNTIL THE PATIENT IS ABLE TO DO SO.**

IS THE ADULT PATIENT WILLING & ABLE TO CONSENT TO A SEXUAL ASSAULT NURSE EXAMINATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF AN ADULT PATIENT IS A VULNERABLE ADULT & HAS A LEGAL GUARDIAN, THAT LEGAL GUARDIAN MUST BE AVAILABLE TO CONSENT FOR SANE SERVICES.**

DOES THE VULNERABLE ADULT PATIENT HAVE A LEGAL GUARDIAN THAT IS AVAILABLE TO CONSENT FOR SANE SERVICES?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_