INFORMATION PERTAINING TO ASSAULT

FORM 2B Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit

DO NOT FAX THIS PAGE *Per MGL C.112, S. 12A 1/2*

Affix barcode label here on both white and yellow copies

DO NOT WRITE PATIENT'S NAME ON THIS FORM
DO NOT AFFIX PATIENT LABEL TO THIS FORM

A. PERTINENT/RECENT HEALTH HISTORY:

Has the patient undergone recent (within 4 weeks) medical or gynecological procedures or treatments which may affect physical findings or evidence collection? ☐ Yes ☐ No

If yes, describe: _____

Patient menstruating at time of assault? ☐ Yes ☐ No Currently? ☐ Yes ☐ No LMP: _____

Patient's tampon or sanitary napkin to be included in kit? ☐ Yes ☐ No

Is the patient currently pregnant? ☐ Yes ☐ No If yes, # of weeks: _____

Has the patient had sexual intercourse in the past 120 hours/ 5 days? ☐ Yes ☐ No

If yes, specify the number of hours since consensual intercourse ended: _____

Has the patient used any type of contraception in the past 24 hours? ☐ Yes ☐ No

If yes, specify type: _____

B. SINCE THE TIME OF THE ASSAULT HAS THE PATIENT:

a. Changed clothes? ☐ Yes ☐ No ☐ Unknown b. Bathed/Showed/Washed? ☐ Yes ☐ No ☐ Unknown

C. WEAPONS/FORCE USED: *(Check all that apply as per patient report and/or physical findings; describe the incident and/or body part involved)*

☐ Verbal threats Describe: _____
☐ Bites Describe: _____
☐ Burns Describe: _____
☐ Knife Describe: _____
☐ Restraints Describe: _____
☐ Hold Down/Body Weight Describe: _____
☐ Other Weapons Describe: _____
☐ Drugs Describe: _____
☐ Strangulation Describe: _____
☐ Hitting Describe: _____
☐ Gun Describe: _____
☐ Blunt Object Describe: _____
☐ Chemical(s) Describe: _____
☐ Other physical force Describe: _____
☐ Alcohol Describe: _____
☐ Unsure

D. ACTS DESCRIBED BY THE PATIENT:

Did ejaculation occur?

Vaginally? ☐ Yes ☐ No ☐ Unsure
Anally? ☐ Yes ☐ No ☐ Unsure
Orally? ☐ Yes ☐ No ☐ Unsure
Externally? ☐ Yes ☐ No ☐ Unsure

If externally, where?

☐ On the patient's body. Where? _____
☐ On an object. What object? _____Where? _____
☐ Other: _____

Did the assailant(s) use any substance as lubrication (saliva is considered lubrication)? ☐ Yes ☐ No ☐ Unsure

If yes, specify: _____

Did the assailant(s) lick, spit or make other oral contact with the patient? ☐ Yes ☐ No ☐ Unsure

If yes, describe location: _____

Was there prolonged or forceful touching of the patient's skin by the assailant's bare hands or fingers? ☐ Yes ☐ No ☐ Unsure

If yes, describe location: _____

Did the assailant attempt to strangle the patient? ☐ Yes ☐ No ☐ Unsure

If yes, describe: _____

During strangulation, was there loss of consciousness? ☐ Yes ☐ No ☐ Unsure ☐ N/A

If yes, describe: _____

During strangulation, was the patient incontinent? ☐ Yes ☐ No ☐ Unsure ☐ N/A

If yes: Bowel: ☐ Yes ☐ No ☐ Unsure ☐ N/A *Bladder:* ☐ Yes ☐ No ☐ Unsure ☐ N/A

_____

Printed name of Medical Provider or SANE

_____

Signature of Medical Provider or SANE

_____ Date: ____/____/____

If applicable, certified number of the SANE: