Sexual Assault Exam Consent

I, _____ hereby authorize _____
(Patient name, parent or guardian if applicable) (SANE examiner name-Print)

who is a nurse with the Sexual Assault Nurse Examiner (SANE) Program to perform the following treatment services:

Pregnancy Test	Yes☐	No☐	Urine collection for DFSA	Yes☐	No☐
Emergency Pregnancy Prevention	Yes☐	No☐	Photos for Injury Documentation	Yes☐	No☐
Medicine for STI Prevention	Yes☐	No☐	TB Dye for Injury Documentation	Yes☐	No☐
_____(vaccines)				Yes☐	No☐
Collection of Evidence	Yes☐	No☐	Take Medical History	Yes☐	No☐

By signing below, I understand that:

- I may change my mind at any time and withdraw consent for any portion of the SANE examination not yet completed.
- I may choose a SANE exam, in which I can choose to accept or decline any of the services described above and also those in the following list: preventive medicine and consultation to prevent pregnancy and Sexually Transmitted Infections, documentation of injury, light swabbing and sample collection for DNA reference standards, as well as swabbing for foreign DNA and trace evidence collection of foreign material such as soil or plant matter, etc.
- The SANE medical exam is specific to the sexual assault and may not identify other medical conditions. If I have other medical concerns, I will consult my personal medical provider for guidance.
- I understand that the SANE nurse is not an employee or agent of any law enforcement agency, but that a SANE nurse is required by law to report the following to appropriate authorities:
  - child abuse or neglect,
  - abuse by health care providers, and
  - abuse or neglect of an individual in a residential care facility.
- Without identifying me, anonymous data from this medical record will be used for state summary reports and may be used for internal educational purposes.
- I understand that the SANE program is not equipped for long-term storage of the evidence collected during the medical exam. If I decide **not** to file a police report, a case number will be assigned to my sealed evidence kit to facilitate a system for tracking the evidence in secured storage.
- I give consent to enter designated information from the SANE kit into the NM DPS Statewide Sexual Assault Kit Tracking System within 14 days. No personal or identifying information will be included.

The above information has been explained to me. I had the opportunity to ask questions, and my questions were answered to my satisfaction. The nurse has shared information about HIPAA regulations about medical privacy rights.

Patient Signature:_____

Parent/Guardian (if applicable)_____

E

xaminer _____ Date:_____ Time: _____

SANE Initial: _____

_____
| |
|__Patient label__|

Revised March 2020

RELEASE OF INFORMATION

I am the: (circle one) patient / patient's parent / guardian of the patient described in the medical record, and I understand that I have the right to:

- release the records to assist with the investigation of a claim or crime,
- refuse to release these records, and to
- change my mind at any time, and
- withdraw my consent to release these records at any time.

If I decide to withdraw my consent later, I will notify the SANE program in writing and will send the SANE program a legible copy of a photo ID to confirm that I am the person withdrawing the consent.

The SANE nurse has explained the advantages and disadvantages of signing this release to the extent foreseeable by the nurse. I understand that there is always a risk that a party receiving the record will re-release it to a third party. I understand that in a criminal case, records released to law enforcement will ultimately be released to the Defendant's attorney and the Defendant will likely see these records. I also understand that release of the SANE medical record may strengthen a claim or case for me.

I _____ give my consent to release:

Records and evidence pertaining to this case to _____ (law enforcement agency) and crime lab, District Attorney's Office and, if required, to Child or Adult Protective Services. Some portions of the medical record require specific authorization to release. This paragraph does not authorize release of genital/anal/breast photographs, STI testing/results, or substance abuse treatment information unless the relevant boxes below are checked, or mandated reporting laws require disclosure.

This release includes release of any **genital/anal/breast photographs** taken. _____ (initials)

This release authorizes release of information relating to **sexually transmitted infection**. _____ (initials)

This release authorizes release of any references to **substance abuse treatment**. _____ (initials)

Records and evidence pertaining to this case to _____ (circle: the Crime Victims Reparation Commission (CVRC), attorney, Social Security Administration, physician, therapist, other). This paragraph does not authorize release of genital/anal/breast photographs, STI testing/results, or substance abuse treatment information unless the relevant boxes above are checked.

I authorize entry of the evidence kit in my case into the statewide tracking system for evidence. _____ (initials)

I decline to release my records at this time. I will contact SANE if I wish to release these records in the future. _____ (initials)

If I do not wish to report this offense to law enforcement now, I understand that my evidence kit will be held until _____ so that I may change my mind about prosecution in the future. After the stated date, I understand that my evidence kit will be destroyed.

Patient:_____ Parent/Guardian (if applicable) _____

Examiner: _____ Date:_____ Time: _____

Release valid until: _____(date)

Exam Facility: _____SANE Exam Type: ☐ Limited ☐ Full

(PROVIDE COPY TO PATIENT)

SANE Initial: _____

_____
| |
|__Patient label__|

SANE Intake

Dispatch Time: _____ Nurse Arrival Time: _____ Patient Arrival Time: _____

Case Start Time: _____ Patient Discharge Time: _____ Case End Time: _____

Any comments pertaining to time: _____

Patient Name: _____

Patient Address: _____

Home Phone: _____ Message Phone: _____ OK to Call: ▢ Yes ▢ No

Follow-Up Contact Requested: ▢ yes ▢ no

Gender: ▢ M ▢ F ▢ Transgender Age: _____ DOB: _____

Ethnicity: ▢ Native Am. ▢ Hispanic ▢ African Am. ▢ Asian ▢ White (non-Hisp.) ▢ Mixed ▢ Other: _____

Patient Accompanied By: _____ Rape Crisis Advocate: _____

Present During SANE Interview: _____ Present During SANE Exam: _____

Interpreter: _____ Language: _____ Agency/Phone: _____

Referral Source: ▢ Police ▢ Rape Crisis ▢ Hospital/EMS ▢ Friend ▢ Relative ▢ School ▢ Self ▢ Other: _____

Police Report: ▢Yes ▢ No Was officer present at facility at time of SANE exam? ▢Yes ▢ No

Case #: _____ Responding Officer/Detective/Agency: _____

Date and Time of Assault: _____

Location of Assault: ▢ Patient's Home/Address: _____

▢ Offender's Home/Address if known: _____

▢ Vehicle ▢ Other: _____

SANE General Medical History

Current Medications: _____

Allergies: (shellfish, iodine) _____ ▢ NKDA

Vaccines: **Adt:** ▢ UTD/year: _____ ▢ Needed **Hep B:** ▢ UTD/year: _____ ▢ Needed

Previous Medical History/Surgeries: _____

_____

_____

Do you have a Primary Care Provider: ▢ Yes ▢ No Name of Provider: _____

Do you have any disabilities? ▢ None ▢ Visual ▢ Physical ▢ Hearing ▢ Mental/Cognitive ▢ Other: _____

SANE Initial: _____

Patient label

SANE Sexual Assault Related Medical History

LMP: _____ Genital Symptoms Prior to Assault: ▢ None ▢ Discharge ▢ Itching ▢ Odor ▢ Burning

Anal injuries/symptoms prior to assault: _____

Oral injuries/symptoms prior to assault: _____

Other pertinent injuries/symptoms prior to assault: _____

Consensual intercourse within the previous five days? ▢ Yes ▢ No Of what nature: ▢ vaginal ▢ anal ▢ oral

Any alcohol within previous 48 hours? ▢ Yes ▢ No If yes, amount/time of ingestion: _____

Any recent signs or symptoms to suspect DFSA? ▢Yes ▢ No **(If yes, refer to DFSA Form)**

Is this Sexual Assault related to Domestic Violence? ▢Yes ▢ No ▢ N/A **(If yes, discuss safety plan/DV resources)**

Patient Post-Assault Hygiene Activity:

Urinated	▢ Yes	▢ No	▢ Unk
Defecated	▢ Yes	▢ No	▢ Unk
Genital Wash/Wipe	▢ Yes	▢ No	▢ Unk
Showered	▢ Yes	▢ No	▢ Unk
Bathed	▢ Yes	▢ No	▢ Unk
Douched	▢ Yes	▢ No	▢ Unk
Removed/Inserted:			
Tampon	▢ Yes	▢ No	▢ Unk
Diaphragm	▢ Yes	▢ No	▢ Unk
Condom	▢ Yes	▢ No	▢ Unk
Other	▢ Yes	▢ No	▢ Unk
Brushed Teeth	▢ Yes	▢ No	▢ Unk
Gargled/Mouthwash	▢ Yes	▢ No	▢ Unk
Vomited	▢ Yes	▢ No	▢ Unk
Smoked	▢ Yes	▢ No	▢ Unk
Ate	▢ Yes	▢ No	▢ Unk
Drank	▢ Yes	▢ No	▢ Unk
Chewed Gum	▢ Yes	▢ No	▢ Unk

Other: _____

Offender Information

▢ Family: relationship _____

▢ Stranger ▢ Acquaintance

▢ Brief Encounter ▢ Date

▢ Intimate Partner ▢ Ex-Intimate Partner

▢ Other: _____

Number of offenders: _____ Offender Age(s): _____

Offender Gender: ▢ Male ▢ Female ▢ Transgender

Condom used? ▢ Yes ▢ No ▢ Unknown

Use of weapon? ▢ Yes ▢ No ▢ Unknown
If yes, describe: _____

Use of force? ▢ Yes ▢ No ▢ Unknown
If yes, describe: _____

Use of threat: ▢ Yes ▢ No ▢ Unknown
If yes, describe: _____

Position of Authority: ▢ Yes ▢ No ▢ Unknown
If yes, describe: _____

Did offender strangle patient: ▢ Yes ▢ No
(If yes, refer to strangulation sheet)

Patient Affect/Demeanor

Tearful _____ Sobbing _____ Quiet _____ Fidgeting _____ Trembling _____

Agitated _____ Flat/Dazed____ Anxious _____ Smiling_____ Angry _____

Brief responses_____ Responsive to questions _____ Tense _____ Poor eye contact_____

Reluctant response_____ Calm/Cooperative_____ Scattered_____ Good eye contact_____

Other comments for patient demeanor: _____

Comments on abnormal/unusual patient appearance or dress: _____
(Refer to Supplemental Patient Demeanor if more detail needed)

SANE Initial: _____

_____
| |
|__Patient label_|

SANE Medical History Taken for the Purpose of Diagnosis and Treatment

SANE Initial: _____

Patient label

SANE Summary of Acts Described by Patient

Penetration of Female Genitalia:	Yes	No	Attempted	Unsure	Comments:
Penis	▢	▢	▢	▢	
Finger	▢	▢	▢	▢	
Foreign object	▢	▢	▢	▢	

Penetration of Anus:	Yes	No	Attempted	Unsure	
Penis	▢	▢	▢	▢	
Finger	▢	▢	▢	▢	
Foreign object	▢	▢	▢	▢	

Oral Copulation of Genitals:	Yes	No	Attempted	Unsure	
Offender to patient	▢	▢	▢	▢	
Patient to offender	▢	▢	▢	▢	

Oral Copulation of Anus:	Yes	No	Attempted	Unsure	
Offender to patient	▢	▢	▢	▢	
Patient to offender	▢	▢	▢	▢	

Masturbation:	Yes	No	Attempted	Unsure	
Offender to patient	▢	▢	▢	▢	
Patient to offender	▢	▢	▢	▢	
Offender to self	▢	▢	▢	▢	
Patient to self	▢	▢	▢	▢	

Did Ejaculation Occur:	Yes	No	Attempted	Unsure	
Inside body orifice	▢	▢	▢	▢	
Outside body orifice	▢	▢	▢	▢	

Specify Location: _____

	Yes	No	Attempted	Unsure	Location:
Unwanted touch of Patient	▢	▢	▢	▢	
Offender Licked Patient	▢	▢	▢	▢	
Offender Kissed Patient	▢	▢	▢	▢	
Offender Bit Patient	▢	▢	▢	▢	
Offender Sucked Patient	▢	▢	▢	▢	
Patient Bit Offender	▢	▢	▢	▢	
Did patient injure offender	▢	▢	▢	▢	

If yes, describe: _____

Other comments: _____

_____

_____

_____

SANE Initial: _____

_____
| |
|__Patient label__|

SANE Physical Exam

Time:	Temp:	B/P:	Pulse:	Resp. Rate:	Weight:

Pain Scale: (0-10) _____ Location: _____ Character: _____

Suicide Evaluation: ▢ Not Indicated ▢ Yes (**If yes, refer to suicide assessment sheet**)

	NL	**ABN**	**Comments:**
ABCs	▢	▢	
Skin	▢	▢	
Oral	▢	▢	**(If abnormal, refer to mouth sheet)**
Cardiovascular	▢	▢	
Pulmonary	▢	▢	
Abdomen	▢	▢	
Musc./Skel.	▢	▢	
Neuro.	▢	▢	

Other: _____

Tanner Stage: 1 2 3 4 5

SANE Clothing Information

_____ Clothes not available (washed or lost).
_____ Patient wearing clothes worn during assault/collected by SANE.
_____ Patient brought clothing worn during assault/collected by SANE.
_____ Clothing worn at time of assault was collected by law enforcement.
_____ Patient provides information about location of clothing worn at the time of the assault and Law Enforcement Officer _____ was notified by SANE _____ at (time): _____.

Photos of Clothing: ▢ Yes ▢ No
Approximate Number of Photos: _____
Type of Film: ▢ 35 mm ▢ Polaroid
▢ Digital: _____

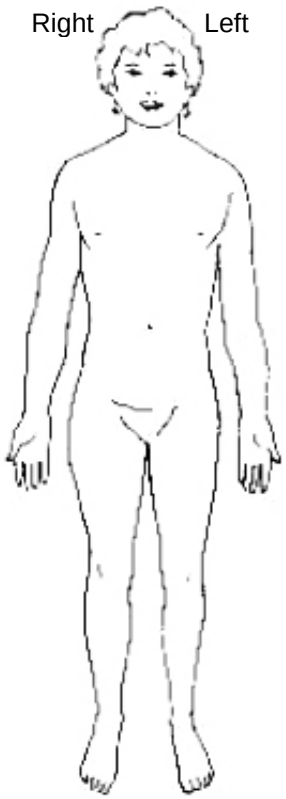
Identification and description of clothing collected:

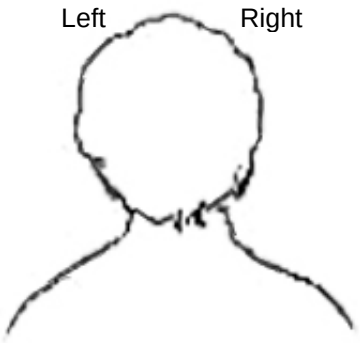
▢ Shirt/Blouse _____
▢ Skirt/Dress _____
▢ Socks/Shoes (include #)_____
▢ Other: _____
▢ Bra _____
▢ Underwear _____
▢ Pants _____
▢ Jacket/Coat _____
▢ Patient declined to submit all, or part, of clothing into evidence.

SANE Initial: _____

Patient label

SANE Body Map





Photos of Body ▢ Yes ▢ No

Number of Photos: _____

Type of Film ▢ 35 mm

▢ Polaroid

▢ Digital: _____

SANE Initial: _____

_____
| |
|__Patient label__|

SANE Body – Physical Exam/Assessment

(Tears, Tenderness, Redness, Abrasion, Color, Bruising, Size, Shape, and Swelling)

SANE Initial: _____

Patient label

SANE Genital/Anal Exam

Patient position for genital exam: ▢ Lithotomy ▢ Modified Lithotomy ▢ Prone ▢ Knee/Chest

▢ Other:_____

Female:	**NL**	**ABN** (If abn, see Page 11)
Mons Pubis	▢	▢
Labia Majora	▢	▢
Labia Minora	▢	▢
Clitoris	▢	▢
Urethral Meatus	▢	▢
Vestibule: Anterior	▢	▢
Vestibule: Posterior	▢	▢
Hymen	▢	▢
Fossa Navicularis	▢	▢
Posterior Fourchette	▢	▢
Perineum	▢	▢
Vagina	▢	▢
Cervix	▢	▢

Anal Examination:	**NL**	**ABN** (If abn, see Page 11)
Buttocks	▢	▢
Anus	▢	▢
Anal Rugae	▢	▢
Anal Tone	▢	▢
Perineum	▢	▢

Penis Circumcised: ▢ Yes ▢ No

Male:	**NL**	**ABN** (Male Supplement)
Glans	▢	▢
Urethral Meatus	▢	▢
Scrotum	▢	▢
Shaft	▢	▢

Speculum Used: ▢Yes ▢No

Colposcope Used: ▢Yes ▢No

Alternative light source used: ▢ (+) Positive Illumination ▢ (-) Negative Illumination ▢ Not Indicated

Type of ALS: _____ If (+), describe: _____

Toluidine Blue Dye Used: ▢ (+) Positive Uptake ▢ (-) Negative Uptake ▢ Not Indicated

(If uptake (+) positive, see Genital/Anal Assessment Page 11)

Environmental Debris: ▢ Yes ▢ No

If yes, describe: _____

Fingernail Evidence: ▢ Yes ▢ No

If yes, describe: _____

Miscellaneous Evidence: ▢Yes ▢ No

If yes, describe: _____

Urine Collected for suspected drug facilitated assault: ▢Yes ▢ No

Lab Studies: Urine Specific Gravity: _____

Urine HCG: ▢ Positive ▢ Negative ▢ Not Applicable

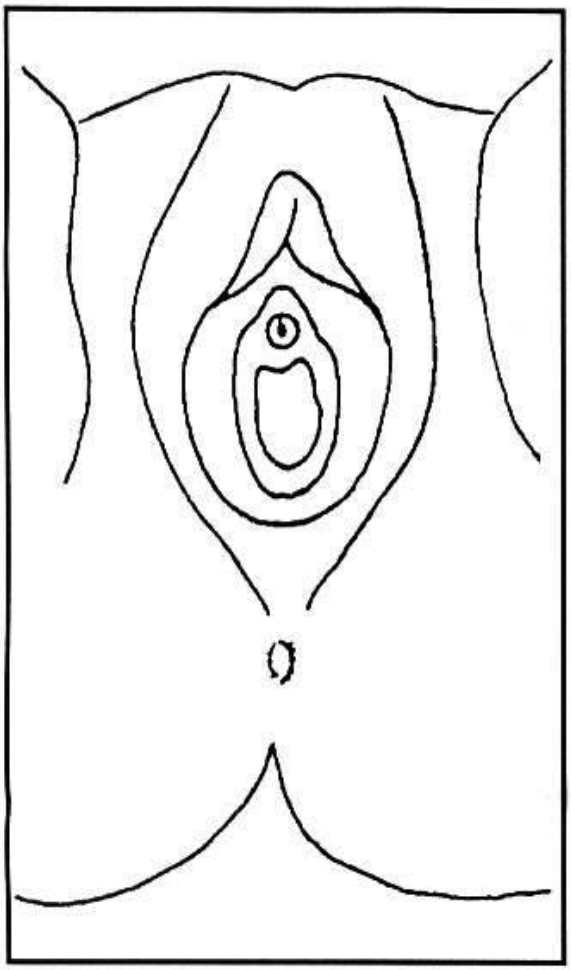
Serum HCG: ▢ Positive ▢ Negative ▢ Not Applicable

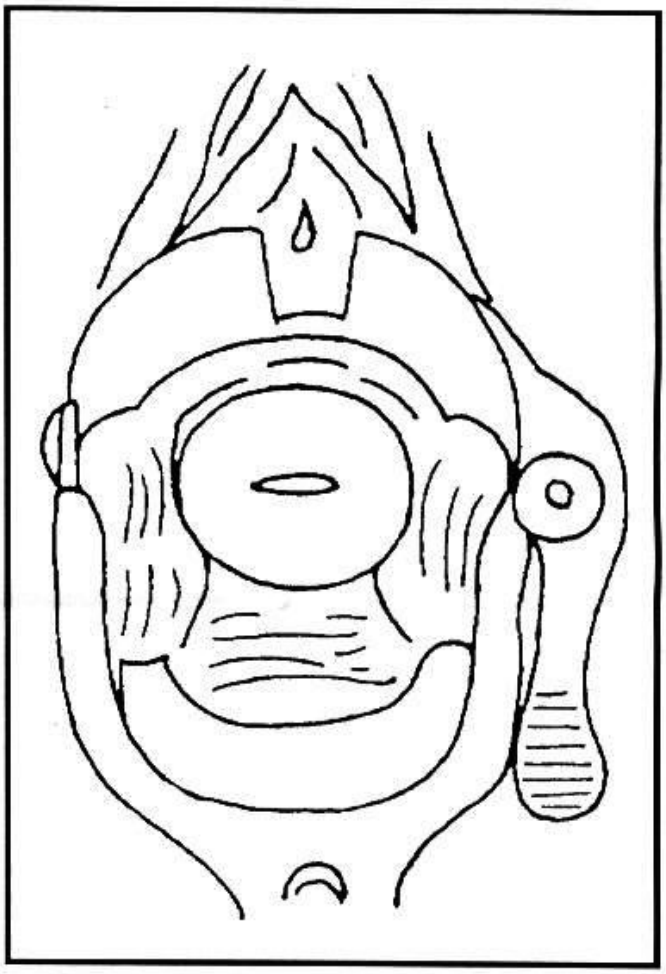
Other Lab Studies: _____

SANE Initial: _____

_____

Patient label





Photos of Genitals: ▢ Yes ▢ No

Approximate Number of photos: _____

Type of Film: ▢ 35 mm

▢ Digital: _____

▢ Polaroid

Use of Filters ▢ Yes ▢ No

SANE Initial: _____

_____
| |
|__Patient label__|

SANE Genital/Anal Assessment

(Tears, Tenderness, Redness, Abrasion, Color, Bruising, Size, Shape, and Swelling)

	Visible without Magnification
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No
_____	▢ Yes ▢ No

SANE Initial: _____

_____
| |
|__Patient label__|

Additional Medical Treatment

Additional Medical Consultation: ▢ Yes ▢ No

Time: _____ Physician: _____ Rationale: _____

Additional Reporting:

▢ Child Protective Services Caseworker: _____ Phone: _____

▢ Adult Protective Services Caseworker: _____ Phone: _____

▢ Other, Agency/Contact Info: _____

SANE Initial: _____

Patient label

SANE Discharge Instructions and Care Plan for Patient

Patient Name: _____ Date: _____

Pregnancy Test: ▢ negative ▢ positive ▢ urine ▢ serum

You have been given the following medications and directions at the SANE unit. Read and follow directions carefully. Should vomiting occur less than one hour after taking, call the SANE unit back and ask to speak to the SANE nurse. If you have further medical problems, concerns, or develop a reaction to the medication, consult your primary physician, seek medical attention at an emergency department, or call the New Mexico Poison Control Center at 1-800-222-1222.

_____

_____

_____

Treatment of Injuries: _____

_____

_____

Primary Care Referral: _____

Counseling: Rape Crisis Counseling services are available 24 hours a day/7 days a week by phone, are free of charge, and are available to you and/or members of your family. Do not hesitate to call _____

Safety Plan: _____

_____

_____

Health Services: The medications you received from the SANE unit are designed to prevent bacterial sexually transmitted infections, not viral. Sexual assault may expose you to the risk of contracting herpes, HIV, genital warts, and other viral diseases. If you are concerned, information and services are available from the following:

- Anonymous STD testing or Hepatitis vaccines, call the local Public Health Office at _____
- Discounted and confidential birth control, call Planned Parenthood at _____
- Free and confidential HIV testing, call the New Mexico AIDS Services at _____

Police Investigation Information: Although evidence has been collected, this does not mean a police investigation will occur automatically. If you have not already reported this crime to the police, you will need to call the police and make a report if you choose to have this crime investigated. You must report to the law enforcement agency where the sexual assault occurred. Contact: Law Enforcement Agency: _____ at _____

Other Follow-Up appointments: Based on the unique circumstances of the sexual assault, the SANE nurse is suggesting additional follow-up services with the following: _____

_____

_____

The SANE nurse has given you verbal and written discharge instructions. All questions have been answered. You have stated you understand the instructions. You have accepted medications without childproof packaging so keep out of children's reach.

Patient Signature: _____ Date/Time: _____

Examiner's Printed Name: _____ SANE Unit: _____

Examiner's Signature: _____ Date/Time: _____

SANE Initial: _____

Patient label