



Peer Reviewer \_\_\_\_\_ Date of Exam \_\_\_\_\_ Date of Review \_\_\_\_\_

<b>General</b>	Patient demographics/data sheet completed	Yes	No	N/A	Times accurate and consistent in all charting	Yes	No	N/A
	ICJI Sex Crimes Benefit Application completed	Yes	No	N/A	All signatures obtained where required	Yes	No	N/A
	Mandatory reporting completed to DCS and LE if patient 17 years and younger	Yes	No	N/A	Documentation is legible (if handwritten)	Yes	No	N/A
	Patient reporting to law enforcement (18 years and older)	Yes	No	N/A	Documents are signed and initialed appropriately where indicated	Yes	No	N/A
	Grammar is correct throughout documentation	Yes	No	N/A	Documentation includes names of all parties involved (e.g. DCS, LE, advocate) and person(s) present for exam and history	Yes	No	N/A
	Documentation completed in entirety and N/A noted when not applicable	Yes	No	N/A				

**Comments:**

<b>Forensics</b>	Evidence collection completed per history or as indicated	Yes	No	N/A	Examiner maintained evidence integrity, sealed and labeled specimens and kit appropriately	Yes	No	N/A
	Forensic specimens were indicated but not completed	Yes	No	N/A	Specimens collected noted in exam record	Yes	No	N/A
	Chain of custody form completed	Yes	No	N/A				

**Comments:**

<b>Medical Forensic Exam</b>	Description of incident complete and clear	Yes	No	N/A	Post assault symptoms clear and explained	Yes	No	N/A
	Past medical history complete and clear	Yes	No	N/A	Review of systems completed and subjective symptoms documented	Yes	No	N/A
	Social history complete and clear	Yes	No	N/A	Documentation completed in entirety and N/A noted when not applicable	Yes	No	N/A
	Patient presentation and description of demeanor complete and clear	Yes	No	N/A	Physical examination findings documented-both subjective and objective findings (signs and symptoms)	Yes	No	N/A

	Assault history narrative-is it clear what happened and the parties that were involved	Yes	No	N/A	Examination techniques and positions documented (ALS, photographs, speculum, foley catheter)	Yes	No	N/A
	Methods employed by assailant are clear and explained	Yes	No	N/A	Strangulation assessment completed	Yes	No	N/A
	Post assault hygiene clear and explained	Yes	No	N/A	Examination techniques indicated but not completed by examiner	Yes	No	N/A
	Appropriate laboratory and diagnostic testing completed	Yes	No	N/A				

**Comments:**

<b>Plan of Care/Follow Up</b>	Discharge instructions provide information on medications given, testing conducted, next steps, how to contact support programs, law enforcement, forensic nurse/ho	Yes	No	N/A	Follow up indicated for forensic findings; discharge plan clearly outlines follow up care	Yes	No	N/A
	Follow up indicated for medical findings; discharge plan clearly outlines follow up care	Yes	No	N/A	Has follow up care for forensic findings been scheduled by examiner or referral provided	Yes	No	N/A
	Has follow up care for medical findings been scheduled by examiner or referral provided	Yes	No	N/A	Does this exam require a second opinion or forensic consult	Yes	No	N/A

**Comments:**

<b>Photography</b>	Photography consent signed or declination documented	Yes	No	N/A	TB dye-before (genital/anal)	Yes	No	N/A
	Bookend photographs obtained	Yes	No	N/A	TB dye-after (genital/anal)	Yes	No	N/A
	Images may be used for education	Yes	No	N/A	Injury/finding descriptions consistent with photographs	Yes	No	N/A
	<i>Photo series includes (when indicated):</i>				Findings photographed in more than one position (required for pediatric patients)	Yes	No	N/A
	Orientation photo(s)	Yes	No	N/A	Multiple images of findings	Yes	No	N/A
	External genital photo(s)	Yes	No	N/A	Stair-step images of findings (far away, mid range, close up)	Yes	No	N/A
	Internal genital photo(s)	Yes	No	N/A	Injuries photographed with scale	Yes	No	N/A
	Labial traction and separation photo(s) (female)	Yes	No	N/A	Injuries photographed with color card when it would enhance visualization	Yes	No	N/A
Anal photo(s)	Yes	No	N/A	Photographs with forensic techniques (e.g., +ALS, foley)	Yes	No	N/A	

**Comments:**

<b>Body Map</b>	Body map/traumagram document completed with findings	Yes	No	N/A	All injuries/exam findings are labeled	Yes	No	N/A
	Site and description are consistent with photographs	Yes	No	N/A	Measurement of findings noted	Yes	No	N/A
	Patient statement about finding noted, if applicable	Yes	No	N/A	Photograph number noted if applicable	Yes	No	N/A

**Comments:**

**Do you agree with the Examiner's findings? YES NO Why or why not?**

**What were the strengths of this examination/documentation?**

**What are potential challenges associated with this patient circumstances?**

**Provide at least one recommendation to strengthen this Examiner's practice or their documentation.**