

SAMPLE PATIENT DATA REPORT

PATIENT LABEL HERE

Date of Service: _____ Day of week: _____ Arrival Time: _____

Forensic Nurse (initials): _____ New Service: Yes No If No, date of previous service _____

Age: _____ Sex: M F Case Number/LE Agency: _____

Referred by: _____ Anonymous Kit: _____ Kit #: _____

VICTIMIZATION TYPE (select one/primary):

- Physical Assault (Adult) Sexual Assault Child Abuse/Neglect Associate for Cause
- Domestic/Family Violence Vulnerable Adult Abuse/Neglect Blood Alcohol for LE
- Human Trafficking: Labor Human Trafficking: Sex Mass Violence Animal Bite
- Vehicular Victimization (i.e. hit & run or intentionally hit by vehicle) MVC
- Stabbing Trauma (not MVC) Other: (Specify) _____

RACE (select one/primary):

- American Indian/Alaska Native Asian Black Hispanic/Latino
- Native Hawaii/Other Pacific Islander White Non-Latino/Caucasian Multiple Races
- Some other race Unknown

SPECIAL CLASSIFICATIONS (select any that apply):

- Deaf/Hard of hearing Homeless Immigrant/Refugee LGBTQ Veteran
- Cognitive/Physical/Mental Disability (specify, if known): _____
- Victims with limited English proficiency Other (specify): _____

EVIDENCE COLLECTION: None. Consult Only. Trauma Photos

- Photos for Evidence Sexual Assault Kit Clothing Bullet/fragments
- Other (specify): _____

SERVICES RECEIVED/FACILITATED BY FNE (select all that apply):

- Assistance with Victims of Crime Application Translator used (Specify Language): _____
- Info about criminal justice process Info about victim rights Referral to other victim services
- Referral to other services (legal, medical, faith based, address-confidentiality programs) Crisis Intervention
- Law Enforcement Interview Victim Advocate during emergency care Victim Advocate during forensic exam
- Forensic Medical exam/history or evidence collection Transportation assistance
- Prophylactic Meds (Select Option(s) Provided to Patient): Antibiotics NPEP Plan B