SEXUAL ASSAULT HISTORY FORM
NEW MEXICO SEXUAL ASSAULT EVIDENCE KIT (SAEK)

Patient In-Take

Patient Name: ____________________ Exam Date: __________

Gender: ▢ M ▢ F ▢ Transgender DOB:__________ LMP: __________

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

Did patient have consensual sex within previous five (5) days? ▢ Yes ▢ No If yes, ▢ vaginal ▢ oral ▢ anal

Date and time of Assault: __________ Location of Assault: __________

Patient Post-Assault Hygiene Activity:

Urinated: ▢ Yes ▢ No ▢ Unknown

Defecated: ▢ Yes ▢ No ▢ Unknown

Douched/genital wash ▢ Yes ▢ No ▢ Unknown

Ate/Drank ▢ Yes ▢ No ▢ Unknown

Showered/Bathed ▢ Yes ▢ No ▢ Unknown

Brushed Teeth/Gargled ▢ Yes ▢ No ▢ Unknown

Suspect Information:

Suspect: ▢ Family Member ▢ Stranger ▢ Acquaintance ▢ Intimate/Ex-Intimate Partner ▢ Other: __________

Suspect Gender: ▢ Male ▢ Female Number of suspects: __________ Suspect Age(s): __________

(If more than one suspect, write additional information on the back of the page)

Use of force, coercion or weapon? ▢ Yes ▢ No ▢ Unknown If yes, describe: __________

Patient's Description of Assault: ____________________

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Clothing Information

▢ Clothes not available (washed or lost).

▢ Patient declined to sumbit all, or part, of clothing into evidence.

▢ Patient *wearing* clothes worn during assault collected for SAEK.

▢ Patient *brought* clothing worn during assault collected for SAEK.

▢ Clothing worn at time of assault collected by law enforcement.

Identification and description of clothing collected:

▢ Shirt/Blouse __________

▢ Skirt/Dress __________

▢ Socks/Shoes (include #)__________

▢ Bra __________

▢ Underwear __________

▢ Pants __________

▢ Jacket/Coat __________

▢ Other: __________

Examiner's Name: __________ Date/Time: __________

SEXUAL ASSAULT FORM, Continued
NEW MEXICO SEXUAL ASSAULT EVIDENCE KIT (SAEK)

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	
Suspect to patient	▢	▢	▢	▢	______________
Patient to suspect	▢	▢	▢	▢	______________
Oral Copulation of Anus:	Yes	No	Attempted	Unsure	
Suspect to patient	▢	▢	▢	▢	______________
Patient to suspect	▢	▢	▢	▢	______________
Masturbation:	Yes	No	Attempted	Unsure	
Suspect to patient	▢	▢	▢	▢	______________
Patient to suspect	▢	▢	▢	▢	______________
Suspect to self	▢	▢	▢	▢	______________
Patient to self	▢	▢	▢	▢	______________
Did Ejaculation Occur:	Yes	No	Attempted	Unsure	
Inside body orifice	▢	▢	▢	▢	______________
Outside body orifice	▢	▢	▢	▢	______________

Specify Location: ____

Was a condom used? ▢ Yes ▢ No ▢ Unknown

Did patient injure suspect: ▢ Yes ▢ No ▢ Attempted If yes, describe: ______________________

____

Environmental Debris: ▢ Yes ▢ No If yes, describe: ______________________

Fingernail Evidence: ▢ Yes ▢ No If yes, describe: ______________________

Miscellaneous Evidence ▢Yes ▢ No If yes, describe each type/location of miscellaneous evidence collected: ________

____

____

____

____

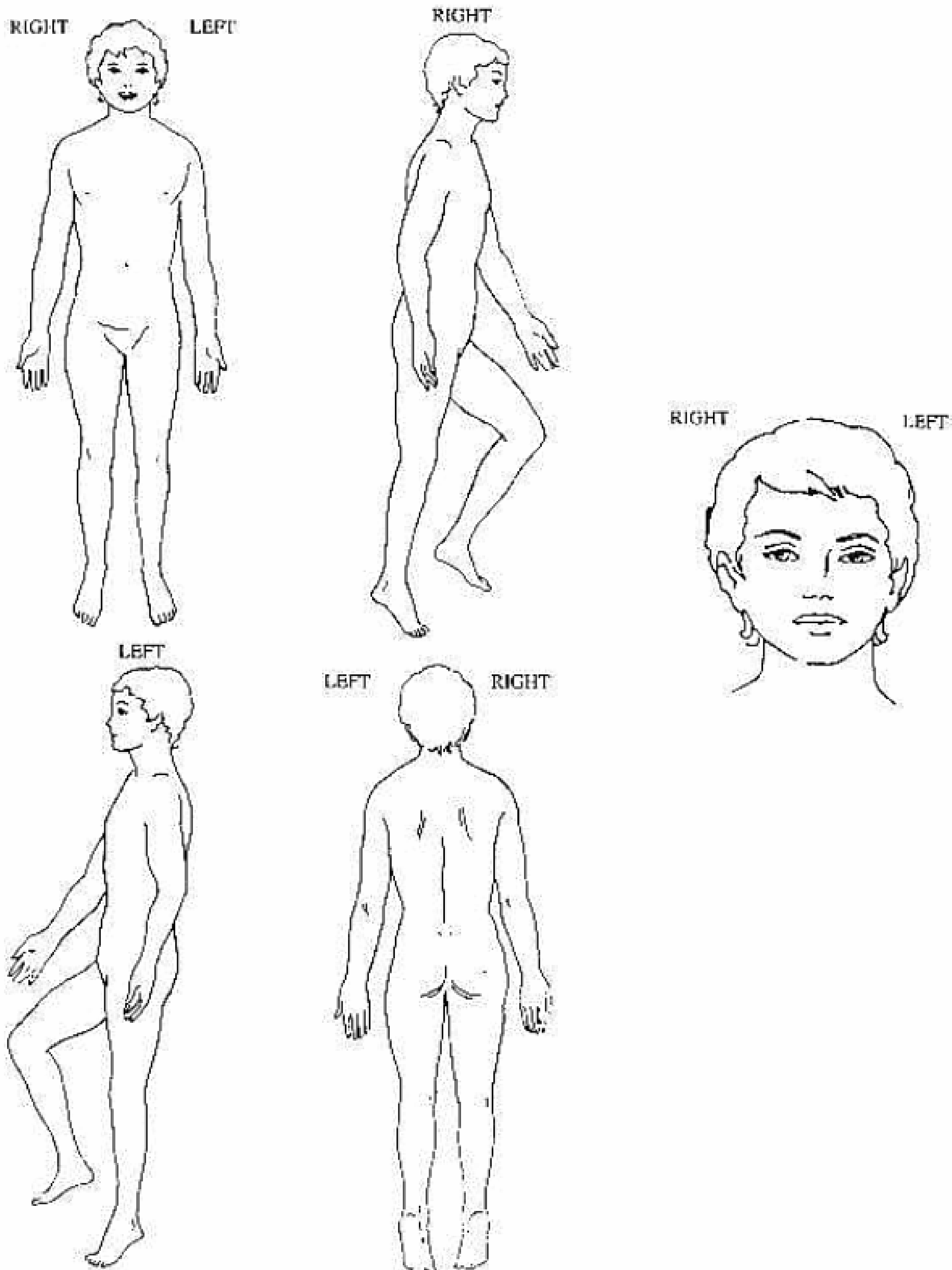
Urine collected for suspected drug facilitated assault: ▢Yes ▢ No

Photographs taken: ▢Yes ▢ No If yes, estimate number of photographs: ______________________

Examiner's Name: ______________________ Date/Time: ______________

SEXUAL ASSAULT FORM, Continued
NEW MEXICO SEXUAL ASSAULT EVIDENCE KIT (SAEK)

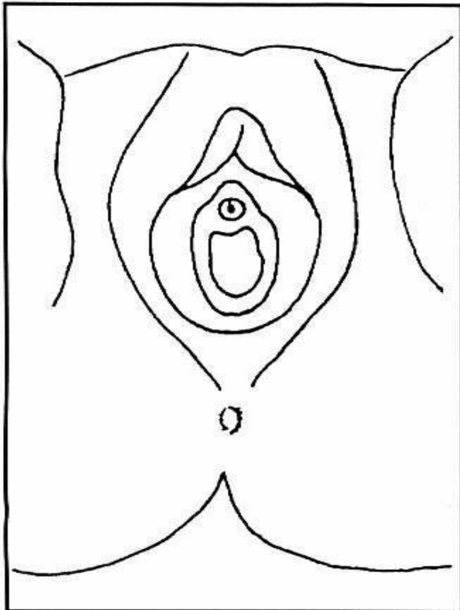
BODY MAP: Use this body map to note physical assessment of patient. Note location of injuries. Describe injuries, including size, shape, color, presence of swelling, tenderness, redness, tears or abrasions, etc.

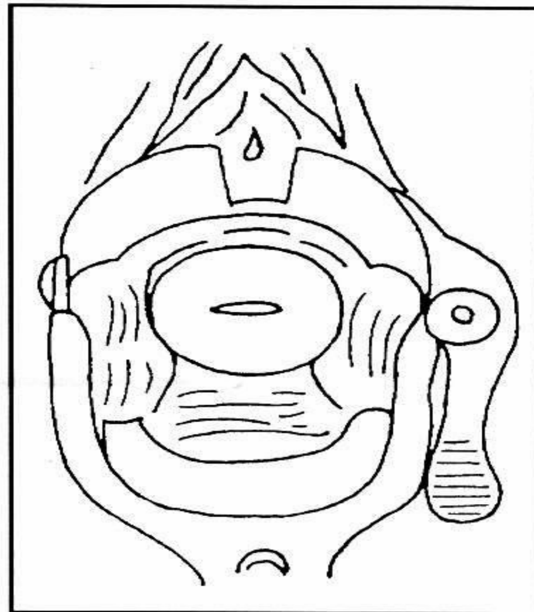


Examiner's Name: ______________________________ Date/Time: ____________________

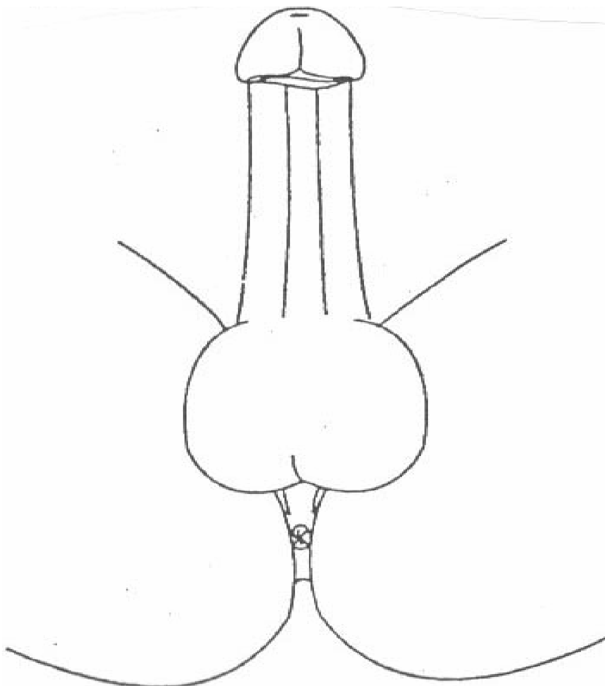
GENITAL MAP: Use the appropriate genital map to note physical assessment of patient's genitalia. Note location of injuries. Describe injuries, including size, shape, color, presence of swelling, tenderness, redness, tears, abrasions, etc.

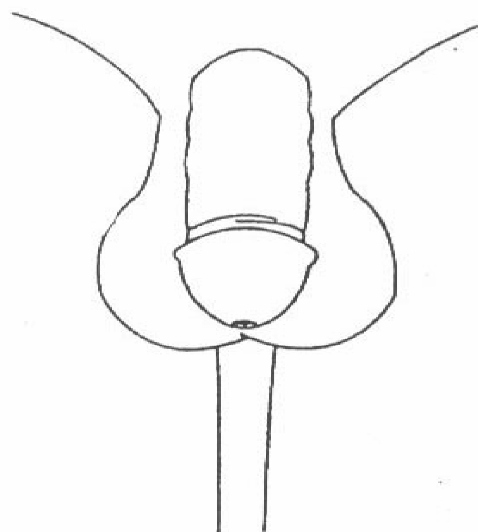
FEMALE





MALE





Place a copy of this completed 4-page form INTO the large, white 10" x 15" envelope of the Sexual Assault Evidence Kit (SAEK).

Examiner's Name: ______________________________ Date/Time: ____________________