
Annex 4 • Sample consent form

Notes on completing the consent form

Consent for an examination is a central issue in medico-legal practice. Consent is often called "informed consent" because it is expected that the patient (or his/her parent(s) or guardian) will receive information on all the relevant issues, to help the patient make a decision about what is best for her/him at the time.

It is important to make sure that the patient understands that her consent or lack of consent to any aspect of the exam will not affect her access to treatment and care.

The health care provider must provide information in a language that is readily understood by the patient or his/her parent/guardian to ensure that he/she understands:

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- What the history-taking process will involve.
 - The type of questions that will be asked and the reason those questions will be asked.
 - What the physical examination will involve.
 - What the pelvic examination will involve.
 - That the physical examination, including pelvic examination, will be conducted in privacy and in a dignified manner.

- That during part of the physical exam, the patient will lie on an examination couch.
- That the health care provider will need to touch her for the physical and pelvic examinations.
- That a genito-anal examination will require the patient to lie in a position where her genitals can be adequately seen with the correct lighting.
- That specimen collection (where needed) involves touching the body and body openings with swabs and collecting body materials such as head hair, pubic hair, genital secretions, blood, urine and saliva. That clothing may be collected. And that not all of the results of the forensic analysis may be made available to the patient and why.
- That she can refuse any aspect of the examination she does not wish to undergo.
- That she will be asked to sign a form which indicates that she has been provided with the information and which documents what procedures she has agreed to.

Inform the patient that if, and only if, she decides to pursue legal action, the information told to the health worker during the examination will be conveyed to relevant authorities for use in the pursuit of criminal justice with her consent.

Sample consent form

Name of facility - - - - -

Note to the health worker:

After providing the relevant information to the patient as explained on page 42 (notes on completing the consent form), read the entire form to the patient (or his/her parent/guardian), explaining that she can choose to refuse any (or none) of the items listed. Obtain a signature, or a thumb print with signature of a witness.

I, - - - - - , (print name of survivor)

authorize the above-named health facility to perform the following (tick the appropriate boxes):

	Yes	No	
Conduct a medical examination	<input type="checkbox"/>	<input type="checkbox"/>	43
Conduct pelvic examination	<input type="checkbox"/>	<input type="checkbox"/>	
Collect evidence , such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of fingernails, blood sample, and photographs	<input type="checkbox"/>	<input type="checkbox"/>	
Provide evidence and medical information to the police and/or courts concerning my case ; this information will be limited to the results of this examination and any relevant follow-up care provided.	<input type="checkbox"/>	<input type="checkbox"/>	

I understand that I can refuse any aspect of the examination I don't wish to undergo.

Signature: - - - - -

Date: - - - - -

Witness: - - - - -

Annex 5 • Sample history and examination form

Sample form, page 1 of 4

CONFIDENTIAL

CODE:

Medical History and Examination Form – Sexual Violence

1. GENERAL INFORMATION

First Name		Last Name	
Address			
Sex	Date of birth (dd/mm/yy)		Age
Date / time of examination		/	
		In the presence of	

In case of a child include: name of school, name of parents or guardian

2. THE INCIDENT

Date of incident:		Time of incident:		
Description of incident (survivor's description)				
Physical violence	Yes	No	Describe type and location on body	
Type (beating, biting, pulling hair, etc.)				
Use of restraints				
Use of weapon(s)				
Drugs/alcohol involved				
Penetration	Yes	No	Not sure	Describe (oral, vaginal, anal, type of object)
Penis				
Finger				
Other (describe)				
	Yes	No	Not sure	Location (oral, vaginal, anal, other)
Ejaculation				
Condom used				

If the survivor is a child, also ask: Has this happened before? When was the first time? How long has it been happening? Who did it? Is the person still a threat? Also ask about bleeding from the vagina or the rectum, pain on walking, dysuria, pain on passing stool, signs of discharge, any other sign or symptom.

3. MEDICAL HISTORY

After the incident, did the survivor	Yes	No		Yes	No
Vomit?			Rinse mouth?		
Urinate?			Change clothing?		
Defecate?			Wash or bath?		
Brush teeth?			Use tampon or pad?		
Contraception use					
Pill			IUD		Sterilisation
Injectable			Condom		Other
Menstrual/obstetric history					
Last menstrual period (dd/mm/yy)			Menstruation at time of event Yes <input type="checkbox"/> No <input type="checkbox"/>		
Evidence of pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>			Number of weeks pregnant _____ weeks		
Obstetric history					
History of consenting intercourse (only if samples have been taken for DNA analysis)					
Last consenting intercourse within a week prior to the assault		Date (dd/mm/yy)		Name of individual:	
Existing health problems					
<i>History of female genital mutilation, type</i>					
<i>Allergies</i>					
<i>Current medication</i>					
Vaccination status	Vaccinated	Not vaccinated	Unknown	Comments	
Tetanus					
Hepatitis B					
HIV/AIDS status	Known		Unknown		

4. MEDICAL EXAMINATION

Appearance (clothing, hair, obvious physical or mental disability)			
Mental state (calm, crying, anxious, cooperative, depressed, other)			
Weight:	Height:	Pubertal stage (pre-pubertal, pubertal, mature):	
Pulse rate:	Blood pressure:	Respiratory rate:	Temperature:
Physical findings			
Describe systematically, and draw on the attached body pictograms, the exact location of all wounds, bruises, petechiae, marks, etc. Document type, size, colour, form and other particulars. Be descriptive, do not interpret the findings.			
<i>Head and face</i>		<i>Mouth and nose</i>	
<i>Eyes and ears</i>		<i>Neck</i>	
<i>Chest</i>		<i>Back</i>	
<i>Abdomen</i>		<i>Buttocks</i>	
<i>Arms and hands</i>		<i>Legs and feet</i>	

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5. GENITAL AND ANAL EXAMINATION

<i>Vulva/scrotum</i>	<i>Introitus and hymen</i>	<i>Anus</i>
<i>Vagina/penis</i>	<i>Cervix</i>	<i>Bimanual/rectovaginal examination</i>
<i>Position of patient (supine, prone, knee-chest, lateral, mother's lap)</i>		
For genital examination:		For anal examination:

6. INVESTIGATIONS DONE

Type and location	Examined/sent to laboratory	Result

7. EVIDENCE TAKEN

Type and location	Sent to.../stored	Collected by/date

8. TREATMENTS PRESCRIBED

Treatment	Yes	No	Type and Comments
STI prevention/treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post-exposure prophylaxis for HIV			
Other			

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9. COUNSELLING, REFERRALS, FOLLOW-UP

General psychological status	
Survivor plans to report to police OR has already made report Yes <input type="checkbox"/> No <input type="checkbox"/>	
Survivor has a safe place to go to Yes <input type="checkbox"/> No <input type="checkbox"/>	Has someone to accompany her/him Yes <input type="checkbox"/> No <input type="checkbox"/>
Counselling provided:	
Referrals	
Follow-up required	
Date of next visit	

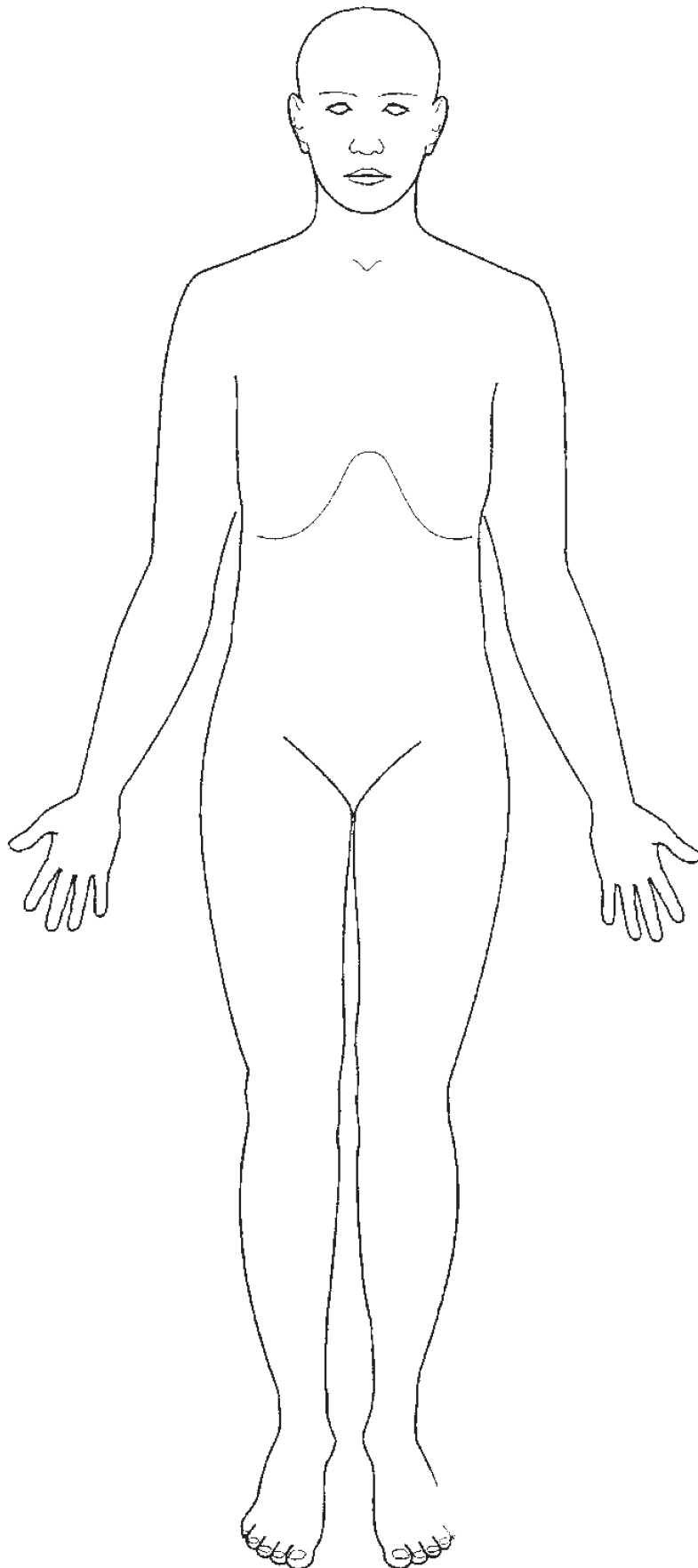
Name of health worker conducting examination/interview: _____

Title: _____ **Signature:** _____ **Date:** _____

Annex 6 • Pictograms

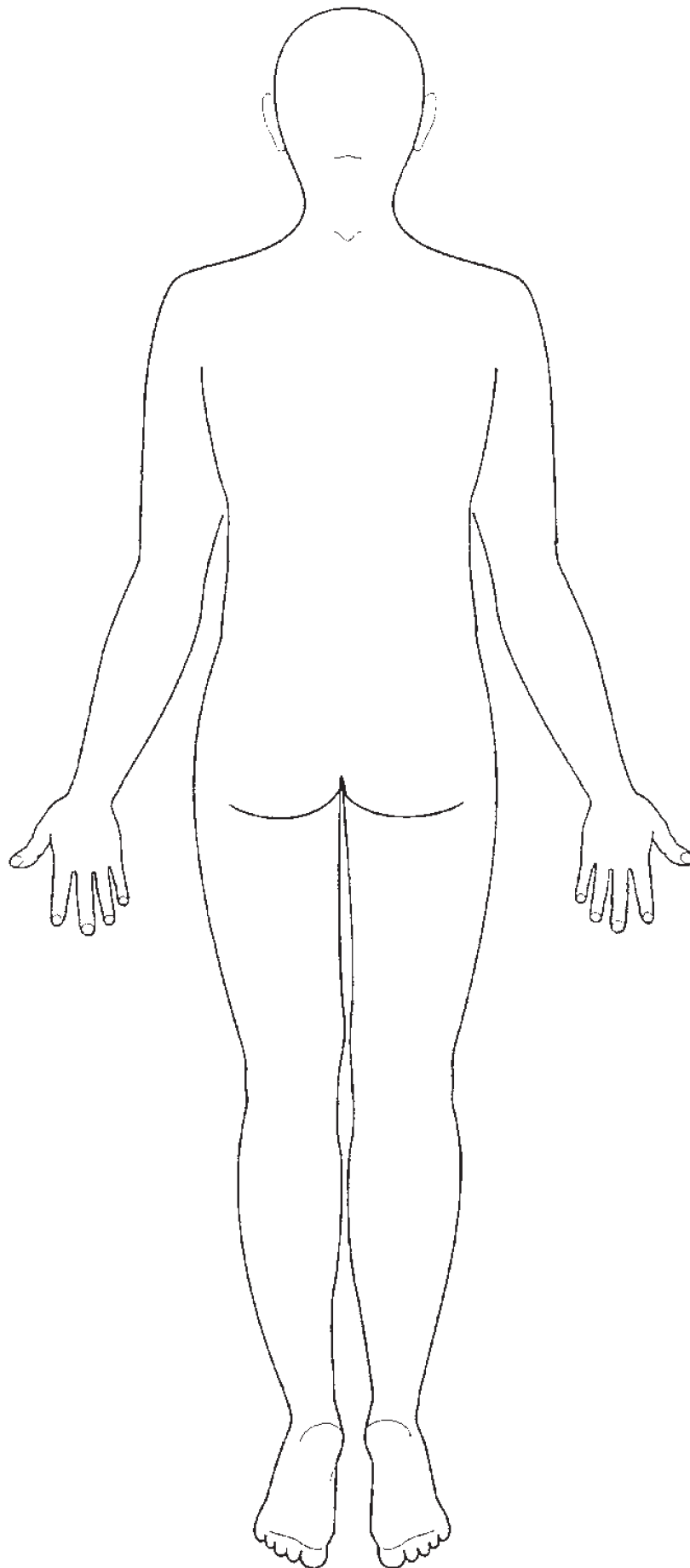
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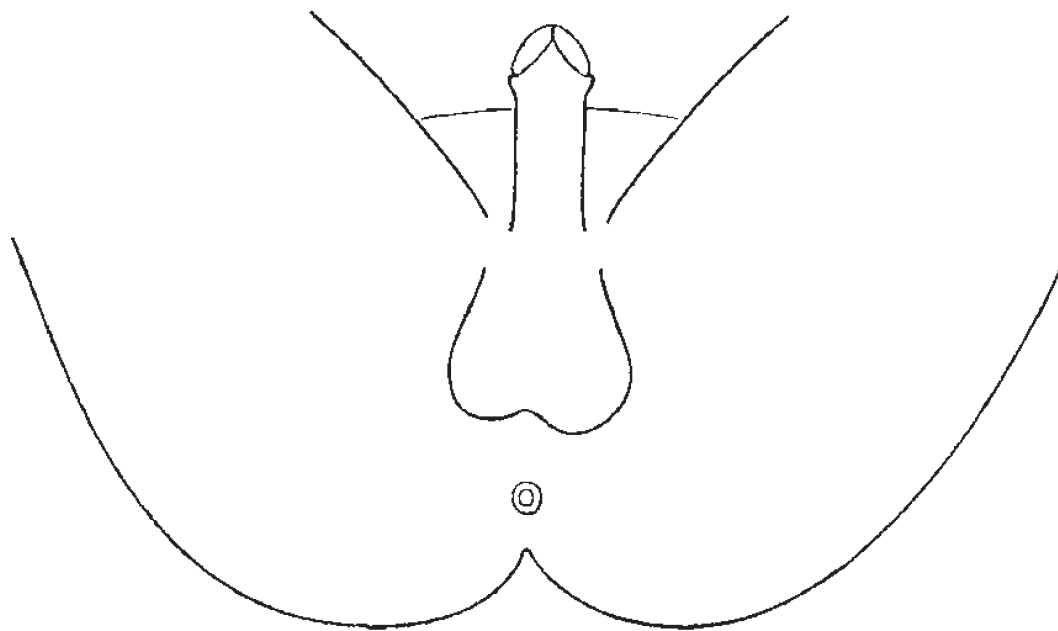
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