

Sexual assault management

Disclosure form

To be used
by doctor to record
patient's account of the assault

Not necessary if
patient has already given
detailed account to the police

Patient details

Full name Jane Doe

DoB 20/04/1962

Unit number 03041304

(use sticker if available)

Read me first!

Information should be recorded exactly as the patient gives it.

Evidence is invalidated by leading questions - all information must be obtained through open questions (i.e. no questions with yes / no answers).

It is important to identify any early complainant witness (this is the first person the patient told - this person may be called to give evidence in court).

What happened?

I was walking home from the bus stop past Greenslade Park. I was approached by a man, who asked me for the time. As I looked at my watch he then pulled me into the bushes and raped me.

When did it happen?

11/07/2002

23:00

.....
Date (DD/MM/YYYY)

.....
Time (HH:MM, 24h)

Who did it?

A white man that I have never seen before.

[Note: no further details are needed at this stage]

Where did it happen?

The entrance to Greenslade Park SE45.

Ask patient to be as exact as possible

Any early complaint witness?

None.

Ask patient to be provide full name / address or phone number

This form was completed by

Joe F Bloggs, ED SHO

.....
Full print name and role

Joe Bloggs

.....
Signature

St. Elsewhere Hospital

Emergency department

Minors cubicle 9

.....
Location where disclosure was made

12/07/2002

.....
Date (DD/MM/YYYY)

17:05

.....
Time (HH:MM, 24h)