

Suspected Drug Facilitated Sexual Assault Documentation Form

1. Why does the client suspect drugging?

- ☐ Amnesia ☐ Conscious paralysis ☐ Slurred speech ☐ Drowsiness
☐ Confusion ☐ Delirium/Hallucinated ☐ Disinhibition ☐ Dizziness
☐ Hangover inconsistent with alcohol/drugs consumed ☐ Nausea / Vomiting
☐ Impaired judgment ☐ Impaired motor skills ☐ Impaired vision
☐ Loss of consciousness – How long? _____

Other: _____

2. Why does the client suspect sexual assault?

- ☐ Reported by witness to have been seen in compromised circumstances
☐ Feeling that sexual acts occurred ☐ Clothing altered ☐ Body injuries
☐ Genital injuries ☐ Body fluids/foreign material
☐ Other: _____

3. Suspected involuntary drug ingestion Date/Time: _____

4. Within the last 72 hours did the client voluntarily consume alcohol? ☐ Yes ☐ No

a. Date / Time: _____

b. Type / Amount: _____

5. Within the last 72 hours did the client voluntarily consume any street drugs or has marijuana been used within the last 7 days?

☐ Yes ☐ No

a. Date / Time: _____

b. Type / Amount: _____

6. Within the last 72 hours did the client consume prescription/over- the- counter medication or herbal remedies? ☐ Yes ☐ No

a. Date / Time: _____

b. Type / Amount: _____

7. Diagnostic Testing

(a) Toxicology Screen for Hospital for Sick Children

o Urine (<72hr) Date/Time sent _____ ☐ Not Sent

(b) Biological testing to Maxxam Lab

Oral swab (<24hr) Date/Time sent _____ ☐ Not Done

Vaginal Swab (<7days) Date/Time sent _____ ☐ Not Done

Anal Swab (<72 hr) Date/Time sent _____ ☐ Not Done

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