

Drug Facilitated Sexual Assault Information Form

This form must be included with a property receipt and the blood and/or urine evidence

Subject's Information:

Name: _____ Date of Birth: _____ Gender: _____

Height: _____ Weight: _____

Subject's symptoms experienced around the time of assault (Please check all symptoms observed or reported):

Symptom	Y	N	Unsure
Loss of consciousness/ impaired memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/ Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drowsiness/ Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness/ Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altered motor function/ Inability move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired balance, hand-eye coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired vision, speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence- urination, defecation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paranoia/ Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			

Specimen Information:

Did the subject urinate before the exam? YES/NO Time of last urine void (if known) _____

Blood # of Tubes: _____ Date Collected _____ Time Collected: _____

Urine # of containers : _____ Date Collected _____ Time Collected: _____

Other _____ Date Collected _____ Time Collected: _____

Name of person collecting the specimens (Print) _____

Signature _____

Are the samples sealed prior to storage in the refrigerator YES/NO

Case Information:

Approx. Date of assault: _____ Approx. Time of assault: _____

1. Was alcohol involved? Yes/No
2. Time range of alcohol consumption (if applicable, if known) _____ to _____
3. Approx. how many standard drinks did the subject consume (if known) _____
4. What types of alcoholic drinks were consumed? _____
5. Does the subject use prescription/recreational drugs? Yes/No
6. If yes, what did the subject voluntarily consume?

7. Does the subject believe he/she was given something involuntarily? Yes/No

Interviewer's Information:

Name: _____ Signature: _____

Position: _____

Phone No.: _____ Email: _____

EXAMPLE