

## 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

DoB

Unit  
number

(use sticker if available)

### Read me first!

Information should be recorded exactly as the patient gives it (see example form).

Evidence is invalidated by leading questions. All information must be obtained through open questions (i.e. questions that cannot be answered with just with YES or NO).

Try to identify any early complainant witness (i.e. the first person the patient told about the assault - may be needed to give evidence in court).

**What** happened?

**When** did it happen?

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

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

**Who** did it?

**Where** did it happen?

Ask patient to be as exact as possible

**Any early complaint witness?**

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

This form was completed by

.....  
Full print name and role

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

.....  
Signature

.....  
Location where disclosure was made

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