

REVIEW OF SYSTEMS:

General health: _____

HEENT: _____

Cardio: _____

Resp: _____

Skin: (eczema, unusual marks, bumps or rashes) _____

GI: (diarrhea, constipation, encopresis, blood) _____

GU: (dysuria, genital pain, itching, discharge, blood, excessive masturbation) _____

Other: _____

PAST MEDICAL HISTORY:

Medications: _____ Allergies: _____

Surgery: _____

Hospitalizations: _____

Other: _____

BEHAVIORAL HISTORY:

General changes in behavior: _____

Changes in school performance: _____

Sexualized behaviors: _____

SOCIAL HISTORY:

Prior CPS history: YES No

SEXUAL/GYNECOLOGIC HISTORY: (Please circle appropriate response):

Has the patient started menstruating? Yes No

If yes, age at menarche: _____ Date of LMP: _____

Has the patient EVER had vaginal intercourse Yes No

If yes, date of last sexual contact: _____ Contraceptive used: (Type): _____ None

Previous history of genital trauma: Yes No

Previous history of physical abuse? Yes No Sexual abuse Yes No

If yes, explain: _____

PHYSICAL EXAMINATION:

Vital Signs: Wt: _____ Ht: _____ Percentile/BMI: _____

Child's behavior & appearance: _____

HEENT: _____

Breasts: _____

Chest: _____

Cardiovascular: _____

Abdomen: _____

Extremities: _____

Neurologic: _____

Skin: _____

FEMALE EXTERNAL GENITALIA:

Normal *Abnormal (diagram above, describe below)*

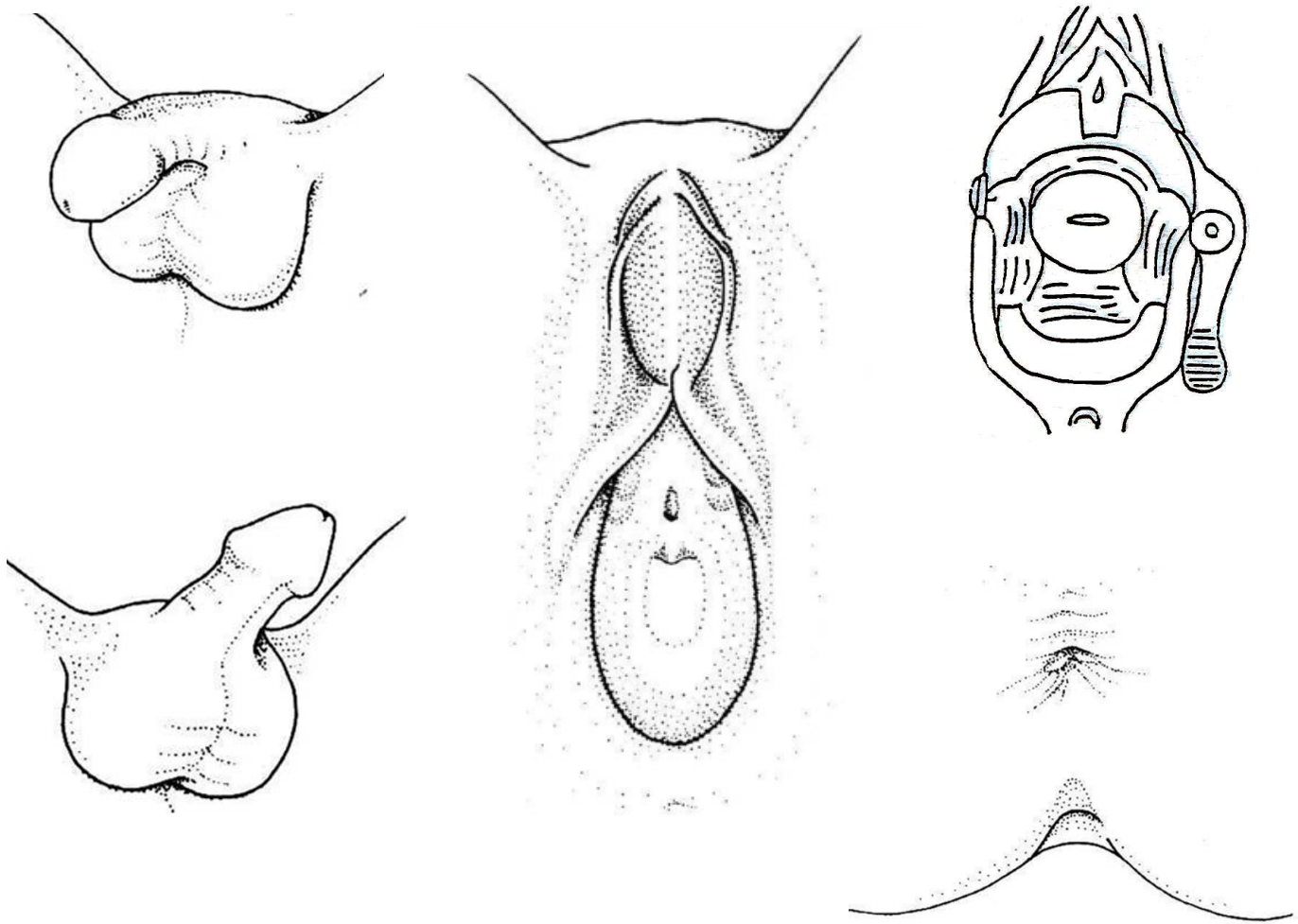
Erythema (Redness): _____ Urethral Abnormalities: _____

Abrasions: _____ Labial Adhesions: _____

Ecchymosis (Bruising): _____ Friability: _____

Discharge: _____ Other: _____

ANO-GENITAL EXAMINATION: (diagram any finding, draw in the hymen)



TANNER STAGE:

Breast development: I II III IV V

Genital development: Male: I II III IV V

Pubic hair development: I II III IV V

<p>ASSESSMENT : Genital Examination Reveals: (Check all that apply)</p> <p style="padding-left: 40px;">Normal genital exam (does not exclude abuse)</p> <p style="padding-left: 40px;">Findings indicate a diagnosis other than trauma (does not exclude abuse)</p> <p style="padding-left: 40px;">Evidence of acute trauma</p> <p style="padding-left: 40px;">Possible healed trauma</p> <p style="padding-left: 40px;">Definite healed trauma</p>	<p>Comment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>History: (Check all that apply)</p> <p style="padding-left: 40px;">3rd party witness of abuse (including images)</p> <p style="padding-left: 40px;">Circumstantial evidence</p> <p style="padding-left: 40px;">Suggestive statements by child</p> <p style="padding-left: 40px;">Clear disclosure by child</p>	<p>Comment:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Overall Assessment: (Check One):</p> <p style="padding-left: 40px;">Non-abuse diagnosis</p> <p style="padding-left: 40px;">Cannot diagnose nor exclude abuse</p> <p style="padding-left: 40px;">Suspicious for abuse</p> <p style="padding-left: 40px;">Diagnostic of abuse</p>	<p>Comment:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>TREATMENT:</p> <p>STI treatment: Yes No Specify: _____</p> <p>Other treatment: Yes No Specify: _____</p> <p>Other medications: _____</p> <p>_____</p>	

