

Assessment Guidelines for Victims of Violence

If necessary, additional space is provided on the back for a more detailed description.

Patient's statement about cause of injury _____

Detailed description of assault

1. Detail and chronology _____

2. Pain and symptoms _____

Check physical findings:

	Contusions	Abrasions	Lacerations	Bleeding	Fracture	Loss of Function	Painful Areas
Head							
Ears							
Cheeks							
Mouth							
Neck							
Shoulders							
Arms							
Hands							
Chest							
Back							
Abdomen							
Genitalia							
Buttocks							
Legs							
Feet							
Other <small>(define)</small>							

Describe presence of trauma, indicate location, appearance and size. Indicate possible source (teeth, cigarette burns, etc.)

