

VICTORIAN FORENSIC PAEDIATRIC MEDICAL SERVICE VULNERABLE CHILD ASSESSMENT

PATIENT DETAILS

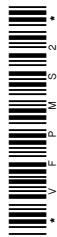
SURNAME		
GIVEN NAME(S)	GENDER	
DATE OF BIRTH	AGE IN YEARS	
ADDRESS	POSTCODE	
MOTHER'S NAME	RESIDES WITH CHILD Y/N	TELEPHONE
FATHER'S NAME	RESIDES WITH CHILD Y/N	TELEPHONE
ADDRESS (IF DIFFERENT TO ABOVE)	POSTCODE	
GUARDIAN (IF NOT PARENT)		TELEPHONE

EXAMINATION

DATE	TIME
PLACE	
PERSONS PRESENT IN INTERVIEW	
PERSONS PRESENT IN EXAMINATION	
NAME OF DOCTOR PERFORMING ASSESSMENT	

REPORT

DICTATED	TYPED
SENT TO	
SENT TO	
SENT TO	



Victorian Forensic Paediatric Medical Service Vulnerable Child Assessment Consent Form

I, hereby consent to
a complete medical evaluation including physical examination of
..... by a medical practitioner.

The findings of the medical examination will be documented and a report prepared.

Following such examination or in association with the examination:

I consent/do not consent to collection of medical and medicolegal specimens

I consent/do not consent to photographic documentation

I consent/do not consent to investigations as recommended by the examining doctor

I consent/do not consent to release of a medical report to Department of Human
Services/Victoria Police

I consent/do not consent to treatment

I consent/do not consent to the medical practitioner contacting
.....
in order to obtain additional information about

I consent/do not consent to information associated with the examination being used for
quality assurance activities, teaching and research purposes but only if all identifying
data is removed.

Signature of parent/guardian

NAME (print)

Relationship to child

Date and time

*N.B. the applicable words in each section are to be circled and initialed by the person
consenting to physical examination e.g. I consent to/do not consent to

MEDICAL HISTORY

1. RELEVANT ANTENATAL AND PERINATAL HISTORY

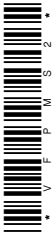
2. RELEVANT MEDICAL/SURGICAL HISTORY

E.G. clotting or bleeding disorders, past illnesses, injuries, surgery

If considering sexual abuse - past genital trauma, constipation/treatment, urinary symptoms/UTI/investigations, infections

3. ALLERGIES

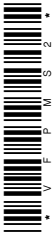
4. MEDICATIONS/IMMUNIZATION (e.g., Hepatitis B status)



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5. GENOGRAM and Family History of illness/abuse/vulnerability

6. DEVELOPMENTAL HISTORY



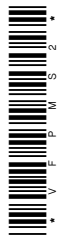
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7. HISTORY OF BEHAVIOURAL PROBLEMS

8. RELEVANT GYNAECOLOGICAL HISTORY

Menarche LNMP CYCLE
Contraception

Was patient menstruating at the time of the assault? Y/N

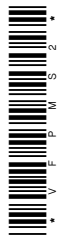


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9. DETAILS FROM POLICE OR PROTECTIVE WORKER

Include details of Children’s Court and Family Court orders and status of Child Protection investigation

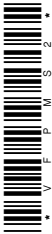
NAME.....Region.....



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10. DETAILS FROM CHILD OR PARENT NAME.....

11. SERVICES AND AGENCIES CURRENTLY INVOLVED WITH THE CHILD / CARE-GIVERS
List: include names of responsible individuals



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INFORMATION FROM OTHER SOURCES

This might include information from child carers, relatives, kindergarten or school teachers. Note that SPECIFIC consent must be provided prior to contact. (Privacy Act)



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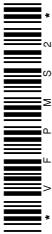
EXAMINATION

13. PERSONS PRESENT

14. CHILD'S INITIAL APPEARANCE

(emotional state; intellect; interactions, clothing; effects of alcohol/drugs; etc)

15. FINDINGS - Place notes here. Use body charts for diagrams.



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16. DEVELOPMENTAL ASSESSMENT
Note tools used.

17. OBSERVATIONAL ASSESSMENT OF CHILD-CAREGIVER INTERACTION

CONCLUSIONS

Aim: To identify remediable and modifiable factors that reduce child's risk of harm and promote resilience

Child-related that factors that increase child's vulnerability to harm

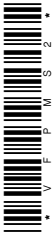
Child-related that factors that promote resilience and decrease child's vulnerability to harm

Care-giver related factors that increase child's vulnerability to harm

Care-giver related factors that promote resilience and reduce child's vulnerability to harm

Community/social factors that increase child's vulnerability to harm

Community /social factors that promote child's resilience and reduce child's vulnerability



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RECOMMENDATIONS

Include recommendations for intervention and access to services to ensure the child’s future health, developmental progress (all aspects of development) and psychological well being, the caregiver’s provision of high quality care and desired responses from other agencies and services.



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Victorian Forensic Paediatric Medical Service
Interim Medical Report

Prepared for.....
.....
.....

Re.....date of birth.....

I,, am a legally qualified medical practitioner practicing in the state of Victoria. I am employed in the position of at I examined on in the presence of

History

Other relevant details

Examination findings were

Investigations performed were

My opinion is

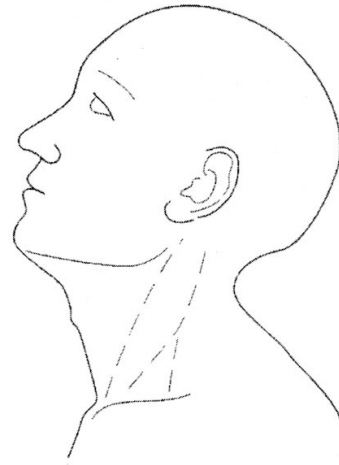
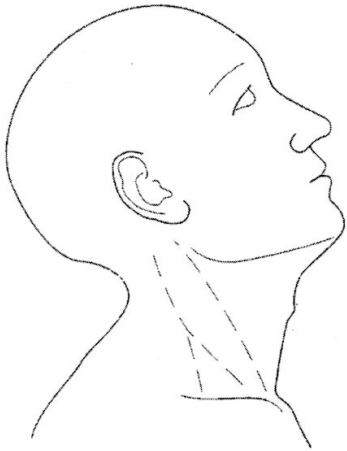
My recommendations are

Signed..... (print name).....date.....

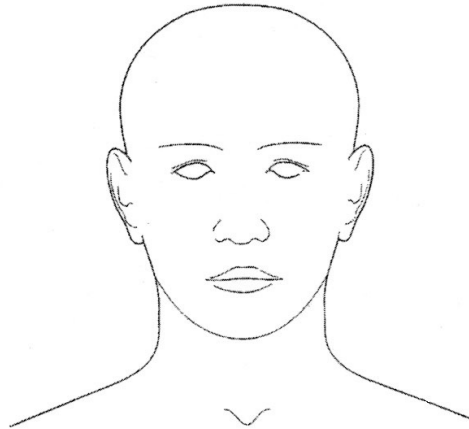


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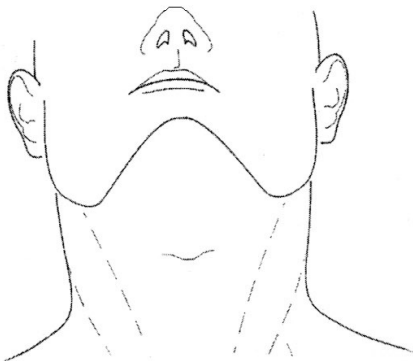
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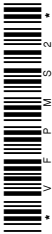


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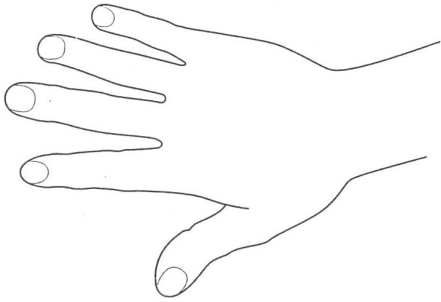
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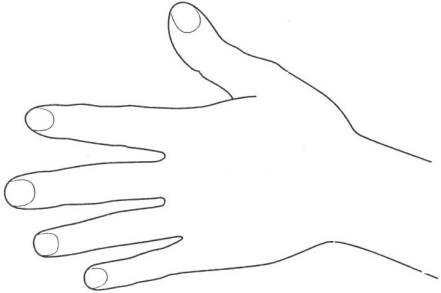
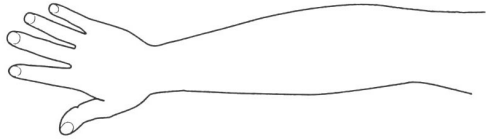


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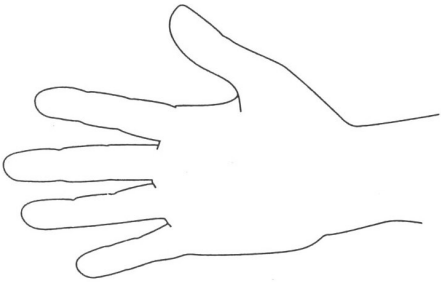
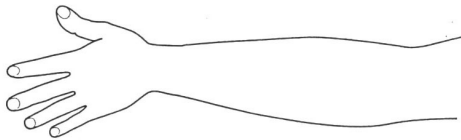
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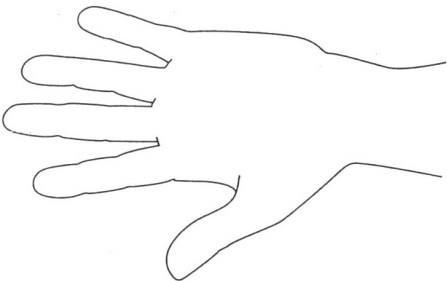
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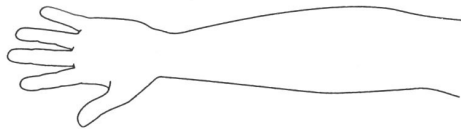
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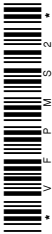


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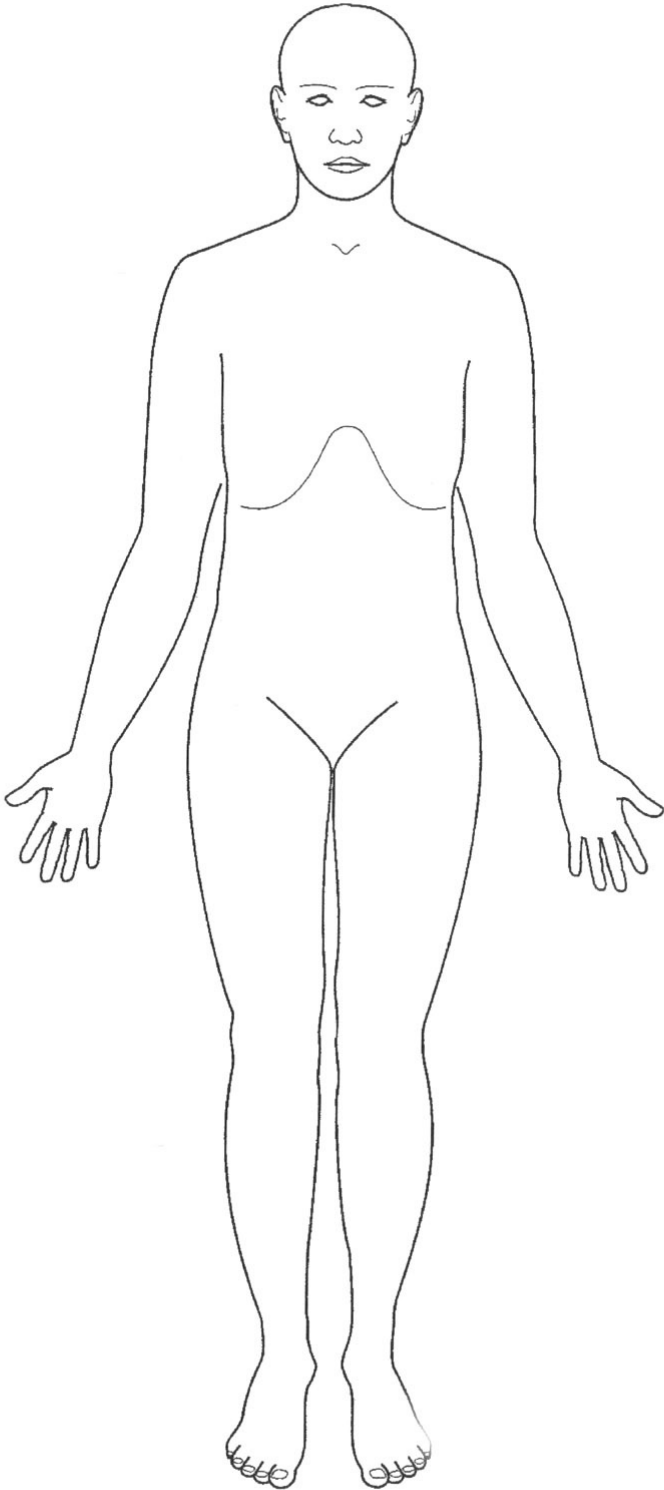


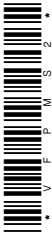


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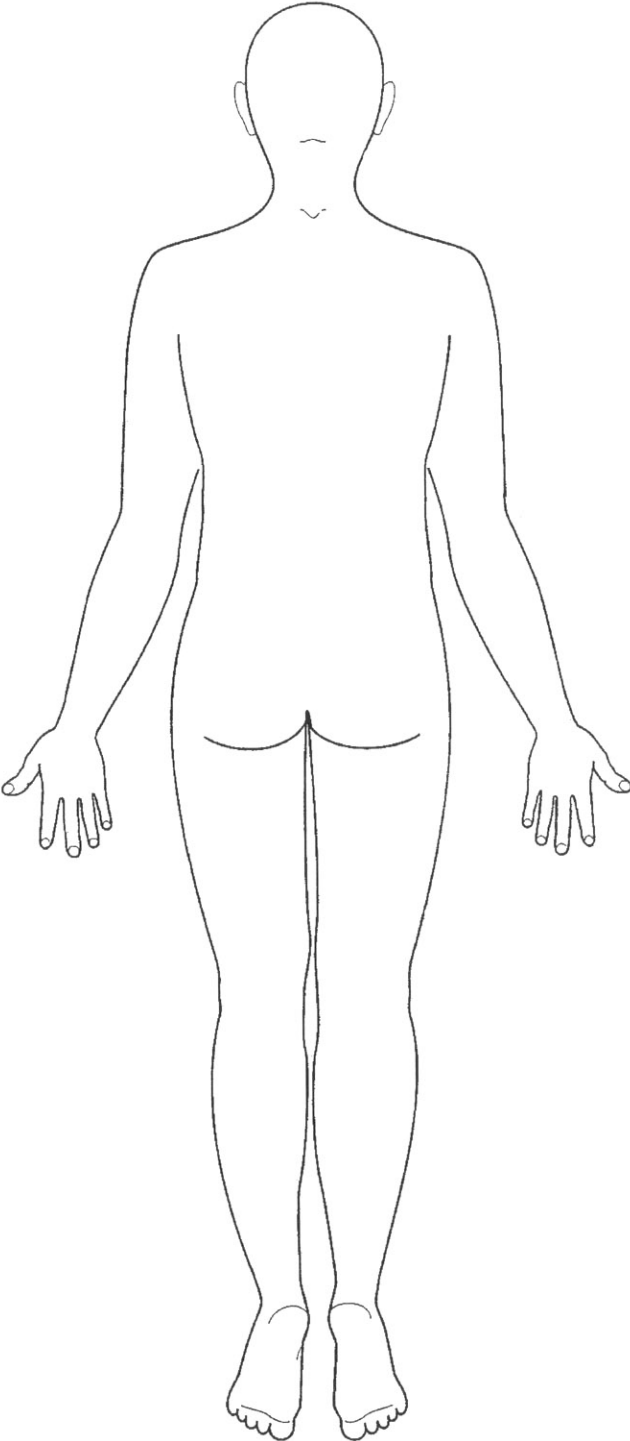


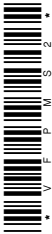


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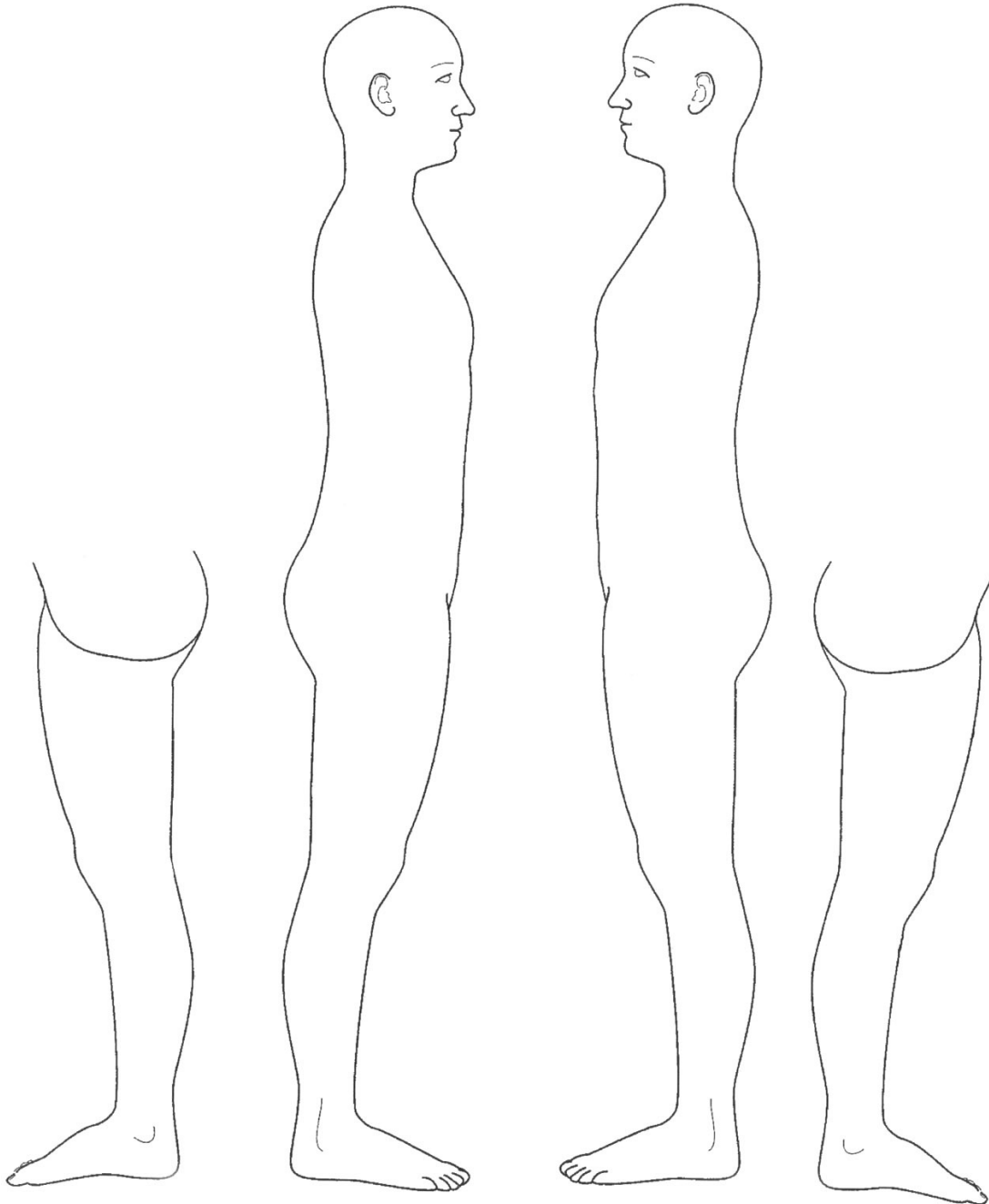
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Right

Left

Inner

Outer

Outer

Inner

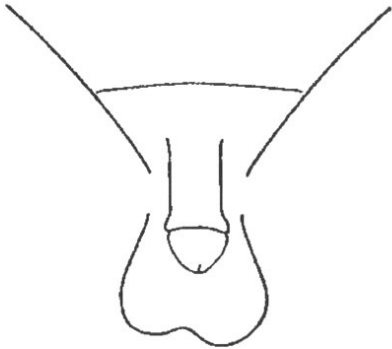
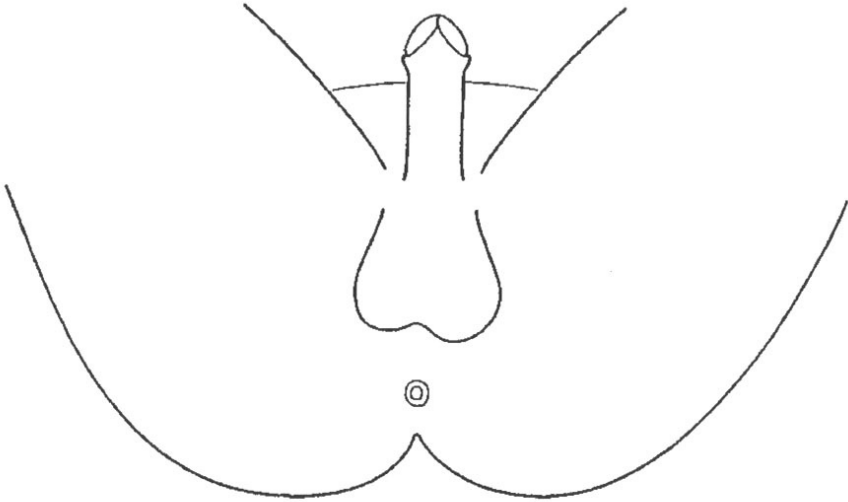


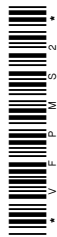
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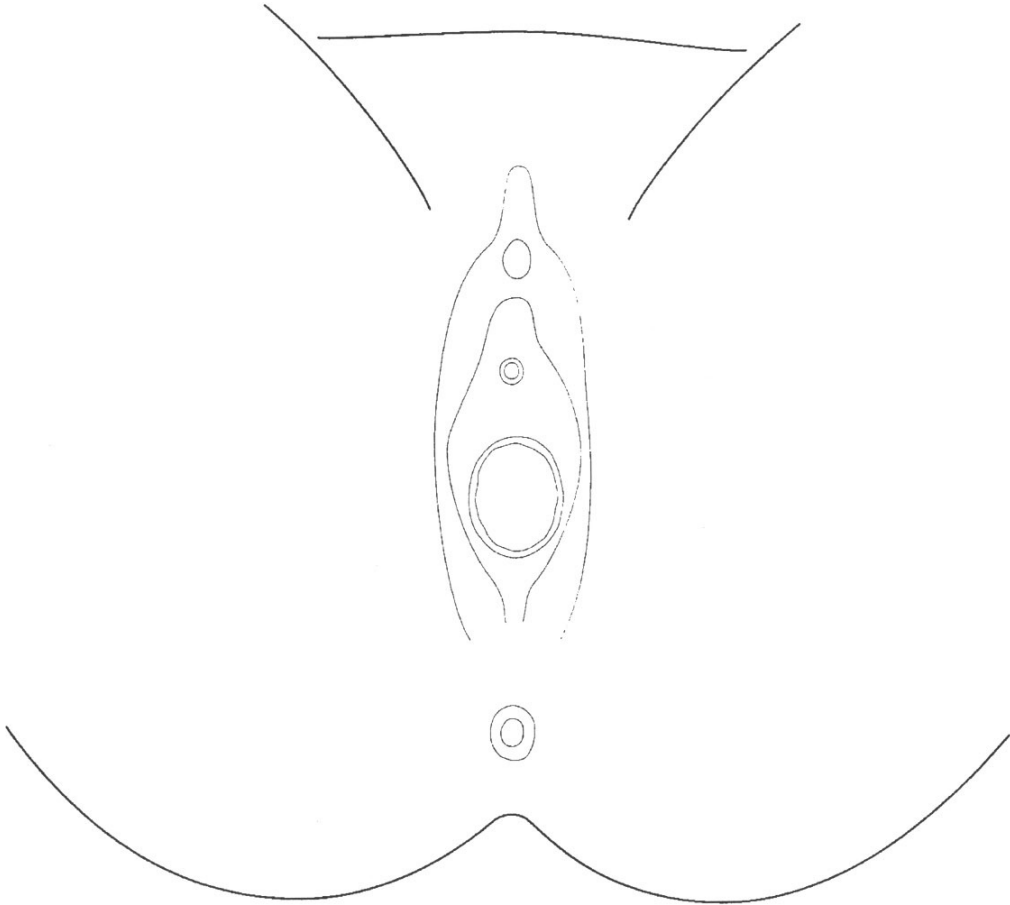




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Videocolposcopy performed	YES	NO	Colposcopy only (no video)	YES	NO
Speculum examination conducted	YES	NO			
Proctoscopy conducted	YES	NO			

Findings:

SEXUAL ASSAULT EXAMINATION PROCEDURE VIFM Interim Standards of Practice 2010

Health care practitioners will follow the below procedure when conducting a forensic medical examination. The technical checklist will be filled in at the conclusion of every case. Please ensure you have printed copies with you at the time of the examination as this checklist can be used as a prompt to your practice. Where necessary, please add notes.

Procedure	Technical Checklist
1. Check hospital cleaning log book for status	<input type="checkbox"/>
2. Wearing gloves and a mask and using designated cleaning fluid and a disposable wipe <ul style="list-style-type: none"> • Clean examination table • Clean patient chair • Clean bench/trolley top • Wipe your pen 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Linen (with gloves on) <ul style="list-style-type: none"> • Cover examination table with 2 clean sheets • Cover pillow with new pillow case • Obtain clean blanket or sheet to cover patient • Place a bluey/sterile pack down to designate a specimen collection space (trolley and bed) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Bring patient into clinical examination room to commence the examination by taking a history	<input type="checkbox"/>
5. Glove and gown (mask is up to the discretion of the health care practitioner) to select equipment	<input type="checkbox"/>
6. Select from the secure storage cupboard a range of items that you may use in conducting the forensic medical examination. If during the examination you require more items than you initially select, you must change your personal protective gown and gloves before returning to the locked drawers/cupboards. Retrieve the items and recommence the examination.	<input type="checkbox"/>
7. Swabs <ul style="list-style-type: none"> • Swabs should be 'cut' with disposable scissors midway along the shaft of the tube prior to conducting the examination 	<input type="checkbox"/>
8. After selection of equipment (whilst still gloved and gowned) commence the physical examination	<input type="checkbox"/>
9. Separate new clean gloves should be used for each of the following components of the FME <ul style="list-style-type: none"> ○ Processing of specimens including cutting of swabs ○ Body examination ○ Genital examination ○ Collection of specimens that may leave residue on gloves (i.e. blood, semen on body, paint, debris etc) ○ Selecting more equipment from the secure storage cupboard 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. Dispose of all items that you selected and didn't use at the time of this examination. They should be disposed of in either the rubbish bin or sharps container.	<input type="checkbox"/>
11. Ensure there are no specimens or equipment left at the conclusion of the examination	<input type="checkbox"/>
12. Remove bed linen and place in linen basket	<input type="checkbox"/>
13. Using designated cleaning fluid and a disposable wipe <ul style="list-style-type: none"> • Clean examination table • Clean patient chair • Clean bench/trolley top • Wipe down any other non-disposable equipment you have used – phone, light source, sphygmomanometer, auroscope 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CASE NAME: TECHNICAL CHECKLIST COMPLETED BY: SIGNED AND DATED:	

Where the checklist can not be completed a full explanation should be written next to the item. If there are concerns regarding the state of the facility or equipment, please ring the 2nd on call at the time of the examination.