Washington State Department of Labor & Industries

Crime Victims Compensation Program
Sexual Assault Exam Report / Domestic Violence with Strangulation Report Form

Exam performed in: ☐ Office (Independent Clinic) ☐ Hospital (ED or Floor)	Exam Level/Billing Code: ☐ No Exam/0130C ☐ Level 2/0132C (46–119 minutes) ☐ Level 1/0131C (5–45 minutes) ☐ Level 3/0133C (120+ minutes)
Time elapsed since assault: _____ Hours _____ Days _____ Months _____ Unknown	
Patient's age at exam (in years): _____	
Circumstances of visit:	
Address or approximate location of assault:	City and state where assault occurred:
At the time of the assault, was the victim confined or living in any county or city jail, federal jail or prison or in any other federal institution, or any state correctional institution maintained and operated by the Department of Social and Health Services or the Department of Corrections? ☐ No ☐ Yes If yes, where?	☐ Sexual Assault without Strangulation ☐ Sexual Assault with Strangulation ☐ Domestic Violence with Strangulation Forensic Evidence kit completed? ☐ No ☐ Yes Anoscopy performed? ☐ No ☐ Yes Physical exam completed? ☐ No ☐ Yes Colposcopy performed? ☐ No ☐ Yes
Diagnostic Testing: *(Bill Separately)* Lab Work ☐ No ☐ Yes Imaging: CTA, CT, MR ☐ No ☐ Yes Other Imaging Study ☐ No ☐ Yes	**Medication Given:** *(Bill Separately)* Prophylaxis for STDs ☐ No ☐ Yes Prophylaxis for HIV ☐ No ☐ Yes Emergency Contraception ☐ No ☐ Yes Hepatitis B Vaccine ☐ No ☐ Yes Tetanus Vaccine ☐ No ☐ Yes
Exam performed by (name – please print):	Form completed by (name – please print):
☐ RN ☐ MD ☐ PA-C ☐ ARNP ☐ DO ☐ Other: _____	(Signature)
Additional comments:	Police report made? *For data collection purposes only* ☐ No ☐ Yes ☐ Unknown
Claimant (patient) Name – may use patient ID label:	Medical facility where exam performed:
Medical Record #: _____ Gender: ☐ F ☐ M Date of Birth: _____	Date of exam (use the month/day/year format):

A health services provider who requests from the department payment for providing services shall maintain all records necessary for the director's authorized auditors to audit the provision of services. A provider shall keep all records necessary to disclose the extent of services the provider furnishes to a victim of crime. At a minimum, these records must provide and include prompt and specific documentation of the type of service for which payment is sought. Records must be maintained for audit purposes for a minimum of five years.

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