

SANE Programs Patient Data Collection Form

1. Program/Agency Name: _____
2. Date of Exam _____
3. Patient Gender
 Male Female Transgender Unknown
4. Patient Age _____ Unknown
5. Patient Ethnicity/Race
 Native American Hispanic African American Asian
 White (non-Hispanic) Mixed Ethnicity/Race Other Unknown
6. Patient Disability
 None Visual Physical Hearing Mental/Cognitive
 Other Unknown Other Description _____
7. Victim/Offender Relationship
 Family Stranger Acquaintance/Brief Encounter Intimate Partner
 Ex-Intimate Partner Other Unknown
 Other Description _____
8. Number of Offenders _____ Unknown
9. Offender Gender
 Male Female Transgender Unknown
10. Offender Age _____ Unknown
11. Type of Coercion
 Firearm Knife Hate/Bias Stalking
 Gang-related Physical Force Physical Intimidation Verbal Threat
 Manipulation Other Unknown Other Description _____
12. Patient Drug/Alcohol Use
 Yes No Unknown

13. Location of Assault

- Victim's Home Offender's Home Vehicle Other
 Unknown Other Description _____

14. Referral Source

- Police Rape Crisis Center Hospital/EMS Friend
 Relative School Self Other Unknown
 Other Description _____

15. Referred To

- Law Enforcement Rape Crisis Center Community Mental Health Center
 Other Unknown Other Description _____

16. Police Report Filed At Time Of Exam

- Yes No Unknown

17. Evidence Collected

- SAEK Clothes Photography Blood Urine
 None Other Unknown
 Other Description _____

18. Services Provided

- Pregnancy Prevention/Emergency Contraception STD/STI Treatment
 Medical Exam/Physical Assessment Suicide Assessment
 Other Unknown

19. Injuries Sustained By Patient

- Oral Rectal Vaginal Body-Head/Neck
 Body-Extremities Body-Torso Strangulation
 Other Unknown None noted

20. Patient County of Residence _____