**Example Medical Record Audit Tool**

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| **Checklist** | | |
| Date of exam: | Time of exam: | |
| Date of incident: | Time of incident: | |
| Sexual assault survivor sex: | Sexual assault survivor age: | |
| ***Indicate whether or not the following were recorded on the medical record of the sexual assault survivor:*** | | |
| **Consent Availability** | **Yes** | **No** |
| General consent for examination |  |  |
| **The incident** | **Yes** | **No** |
| Description of incident |  |  |
| Physical violence |  |  |
| Penetration |  |  |
| **Current signs and symptoms** | **Yes** | **No** |
| Pain |  |  |
| Bleeding and discharge |  |  |
| **Medical history** | **Yes** | **No** |
| Menstrual/obstetric history |  |  |
| Existing health problems |  |  |
| Vaccination status |  |  |
| HIV/AIDS status |  |  |
| **Physical exam** | **Yes** | **No** |
| Body pictogram of findings |  |  |
| Written description of findings |  |  |
| Genital exam |  |  |
| **Investigations** | **Yes** | **No** |
| Pregnancy test |  |  |
| HIV test |  |  |
| Other |  |  |
| **Treatment prescribed** | **Yes** | **No** |
| STI prevention/treatment |  |  |
| Emergency contraception |  |  |
| HIV PEP |  |  |
| Wound treatment |  |  |
| Tetanus prophylaxis |  |  |
| Hepatitis B vaccination |  |  |
| **Counseling, referral and follow-up** | **Yes** | **No** |
| Referral for psychosocial support |  |  |
| Follow-up visit scheduled |  |  |

Adapted from publication by the International Rescue Committee. 2012.E**valuating effectiveness of the Clinical Care for Sexual Assault Survivors: Multimedia training tool in Humanitarian Settings. Annex 7.1.**