

**HAWAII STATE  
MEDICAL-LEGAL RECORD AND SEXUAL ASSAULT INFORMATION FORM**

**ADOLESCENT AND ADULT**

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Gender Identity reported by patient: M Transgender (MTF) Other:  
F Transgender (FTM)

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Accompanied patient to exam site/relationship: \_\_\_\_\_

Present during the exam/relationship: \_\_\_\_\_

Height: \_\_\_\_\_ Temp: \_\_\_\_\_ Resp: \_\_\_\_\_  
Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ B/P: \_\_\_\_\_ Glasses/Contacts: Yes No

Victim Rights Notification Form Provided: \_\_\_\_\_ Signature of person completing the above information \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY EXAMINER IN ATTENDANCE**

**HEALTH HISTORY**

**1A. PAST HISTORY**

Major Illnesses / Disabilities: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Pre-existing physical injuries: \_\_\_\_\_

Pertinent medical history of anal-genital injuries, surgeries, diagnostic procedures, or medical treatment: \_\_\_\_\_

History of Hepatitis B Vaccination: Yes No Unknown

**FEMALES:** Age of Menarche: \_\_\_\_\_

Menstrual History: Regular / Irregular: \_\_\_\_\_ Cycle: \_\_\_\_\_ (days) LMP: \_\_\_\_\_  
Last Pelvic Exam: \_\_\_\_\_ Gravidity: \_\_\_\_\_ Parity: \_\_\_\_\_  
Hysterectomy: \_\_\_\_\_ Tubal Ligation: \_\_\_\_\_

Current Contraception: \_\_\_\_\_

**1B. PATIENT HISTORY**

Is the patient able to answer question(s) pertaining to the assault? Yes No

If no, explain: \_\_\_\_\_

Name of person providing history: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Sexual penetration/contact within past 120 hours, other than this assault: Yes No Unable to discuss

Condom used: Yes No

Date / Time / Location of assault: \_\_\_\_\_

Less than 120 hours since assault took place Over 120 hours since assault took place

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Number of perpetrator(s):

Name(s) and age(s) of perpetrator(s) if known:

Relationship of perpetrator(s) to patient:

2. Since assault, check (√) if patient has:

Drank / Eaten

Brushed Teeth

Defecated

Changed Clothes

Used Mouthwash

Douched

Been Swimming

Vomited

Removed / inserted tampon, sponge,  
diaphragm (circle)

Bathed / Showered

Urinated

3. SUMMARY OF PRESENTING COMPLAINTS, SYMPTOMS AND HISTORY:

COMPLAINTS / HISTORY (Incident)

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SUMMARY OF PRESENTING COMPLAINTS, SYMPTOMS AND HISTORY: (Continued)

4. ACTS DESCRIBED:

\_\_\_ Unable to obtain detailed history because of:  
 \_\_\_ developmental age \_\_\_ altered mental status

Described by: P = Patient / H = Historian				
Yes	No	Attempted	Unknown	N/A

Describe:

<b>Penetration of genital opening by:</b>					
Penis:					
Finger:					
Foreign object:					
Describe object:					
<b>Penetration of anus by:</b>					
Penis:					
Finger:					
Foreign object:					
Describe object:					
<b>Oral contact of genitals:</b>					
Of patient's genitals by perpetrator:					
Of perpetrator's genitals by patient:					
<b>Oral contact of anus:</b>					
Of patient's anus by perpetrator:					
Of perpetrator's anus by patient:					
<b>Physical contact: genitals, anus, breasts, buttocks, and/or other (check if yes)</b>	Genitals	Anus	Breasts	Buttocks	Other
If other, specify location:					
Of patient by perpetrator:					
Of perpetrator by patient:					
Of perpetrator by perpetrator:					
<b>Ejaculation:</b>					
Inside of body orifice:					
Outside of body orifice:					
Specify location:					
<b>Kissing / licking:</b>					
Specify location:					

5. METHODS EMPLOYED BY PERPETRATOR:

Described by: P = Patient / H = Historian			
	Yes	No	Unknown
<b>Weapons used:</b>			
Type of weapon:			
<b>Physical blows:</b>			
Specify location:			
Specify what was used:			
<b>Strangulation: If "Yes" complete Appendix A – Strangulation Supplemental</b>			
<b>Grabbing / grasping / holding (check if yes):</b>	Grabbing	Grasping	Holding
Specify location:			
<b>Physical restraints:</b>			
Specify location:			
Specify what was used:			
<b>Bites / suction:</b>			
Specify location:			
<b>Threat(s) of harm:</b>			
To whom:			
Type of threat(s):			
<b>Other (describe):</b>			
<b>DID PERPETRATOR:</b>			
Claim vasectomy / sterile:			
Use a condom:			
Use a lubricant:			
Clean self after assault:			
Describe what was used:			

6. MENTAL STATUS EXAMINATION

1. GENERAL DESCRIPTION

- a) Appearance (example: clean, well-groomed, dirty, disheveled):
  
- b) Behavior (example: cooperative, combative, sleepy):
  
- c) Mood (example: quiet, depressed, angry):
  
- d) Orientation (to person, place, time):

2. PATIENT CONCERNS

- a) Medical:
  
  
  
  
  
  
  
  
  
  
- b) Non-Medical:

<b>SYMPTOMS:</b>									
Described by P = Patient / H = Historian DNI = Did Not Inquire									
	Yes	No	DNI		Yes	No	DNI		
Abdominal / pelvic pain				Vaginal / Penile bleeding					
Genital discomfort / pain				Anal / rectal pain					
Dysuria				Anal / rectal bleeding					
Enuresis (day or night)				Anal / rectal discharge					
Encopresis (incontinent of stool)				Constipation					
Vaginal / Penile itching				Loss of consciousness					
Vaginal / Penile discharge				Vomiting					
Describe color, odor and amount:				Physical injuries, pain or tenderness					
				Describe:					

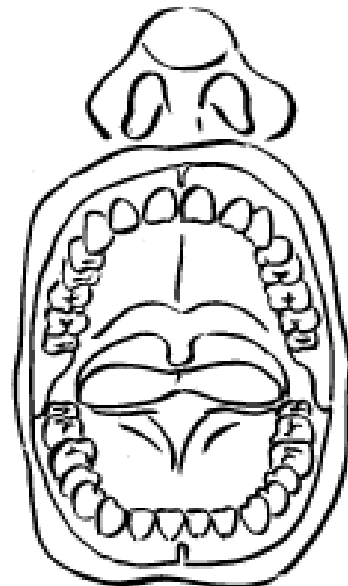
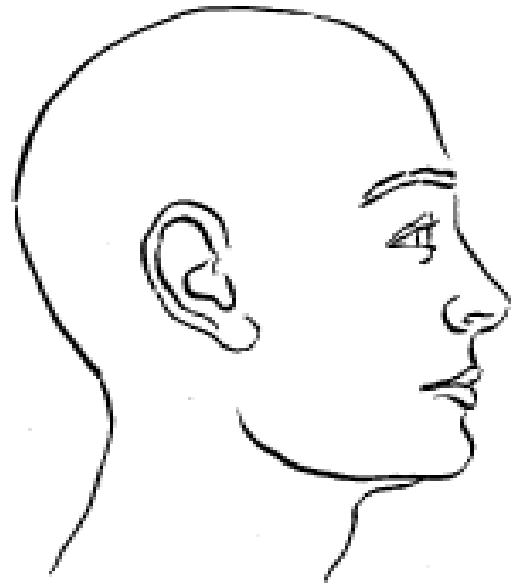
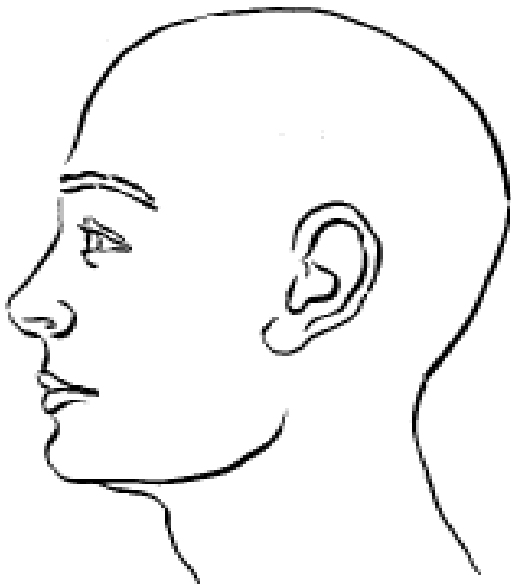
7. PHYSICAL FINDINGS OF FACE AND MOUTH: (Document location and include all signs of tenderness and trauma)

A = Abrasion  
B = Bite  
BR = Bruise  
BU = Burn  
E = Erythema

FM = Foreign Material  
L = Laceration  
P = Petechiae  
R = Rash  
S = Scar

SW = Swelling / Edema  
T = Tenderness  
OI = Other Injury (Describe)

Photos                      Yes                      No



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PHYSICAL FINDINGS OF FEMALE: (Document location and include all signs of tenderness and trauma)

A = Abrasion  
B = Bite  
BR = Bruise  
BU = Burn  
E = Erythema

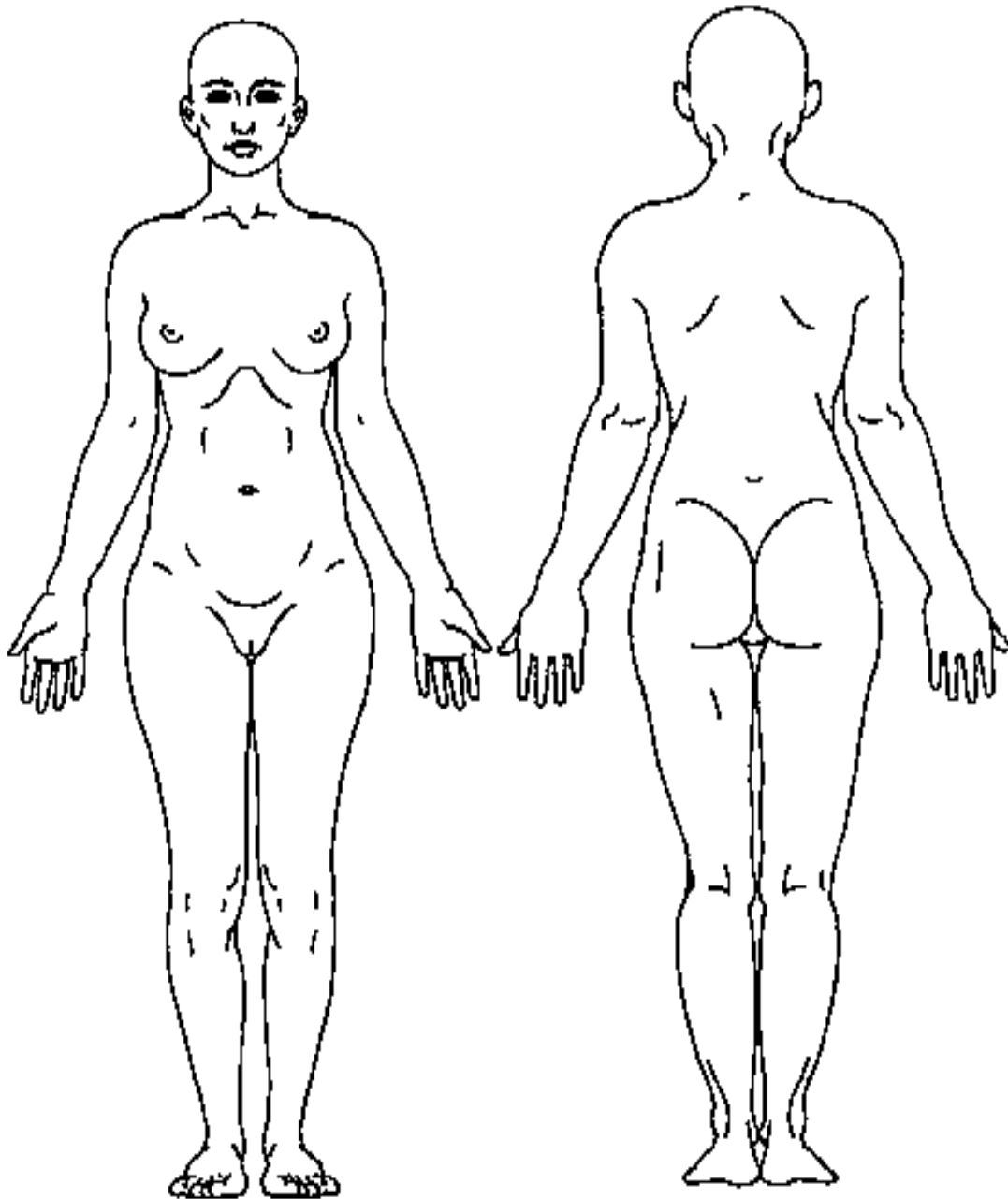
FM = Foreign Material  
L = Laceration  
P = Petechiae  
R = Rash  
S = Scar

SW = Swelling / Edema  
T = Tenderness  
OI = Other Injury (Describe)

Body Photos

Yes

No





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PHYSICAL FINDINGS OF MALE: (Document location and include all signs of tenderness and trauma)

A = Abrasion  
B = Bite  
BR = Bruise  
BU = Burn  
E = Erythema

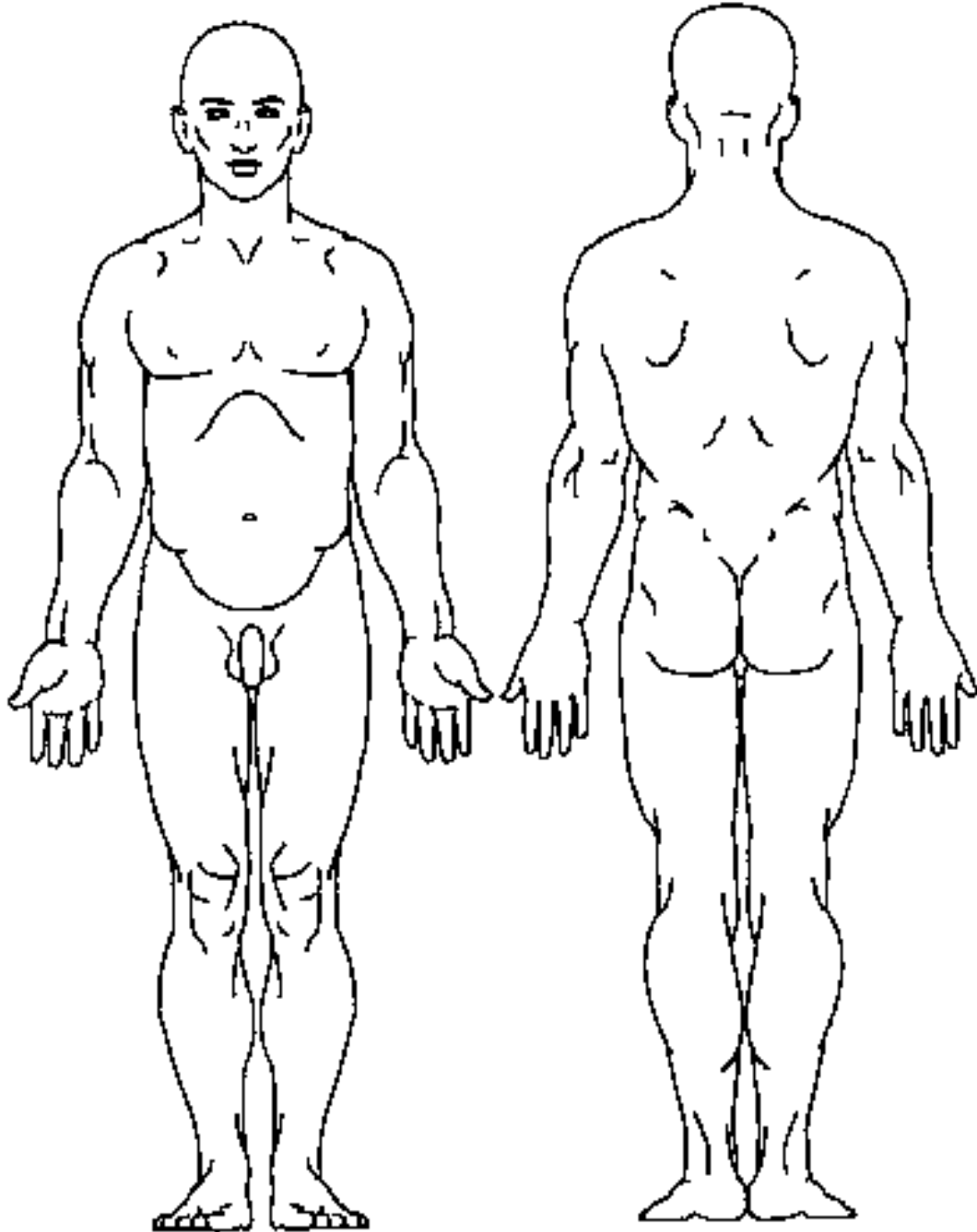
FM = Foreign Material  
L = Laceration  
P = Petechiae  
R = Rash  
S = Scar

SW = Swelling / Edema  
T = Tenderness  
OI = Other Injury (Describe)

Body Photos

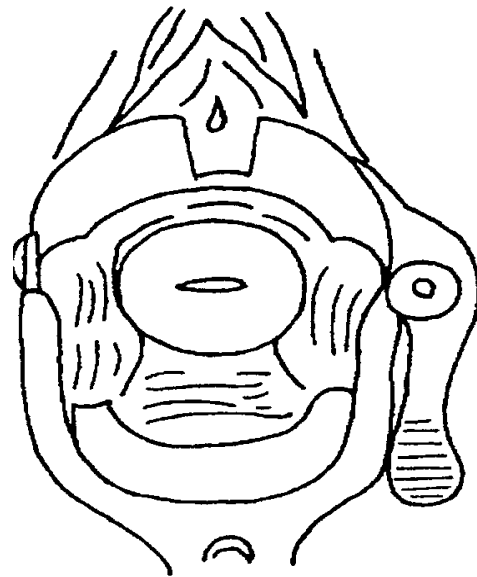
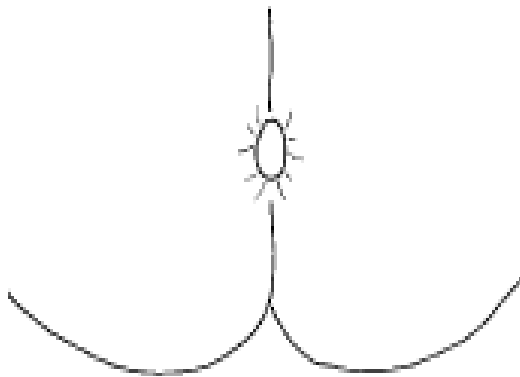
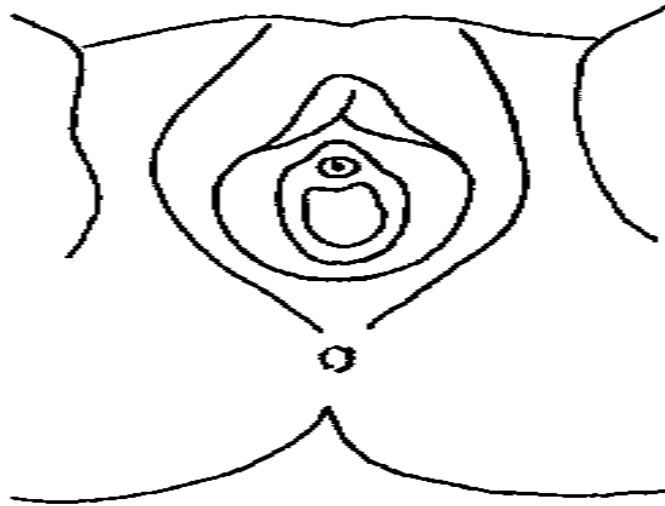
Yes

No



8. PHYSICAL EXAMINATION OF FEMALE – Include all signs of tenderness, trauma, discharge and scars. Illustrate signs of trauma and document sites of fluorescence.

Was Speculum used:                      Yes                      No



Genital/ Anogenital Photographs

Yes

No

Genital/ Anogenital Photographs with Toluidine Blue

Yes

No

Additional Comments:

Fluorescence

Alternate Light Source

Yes

No

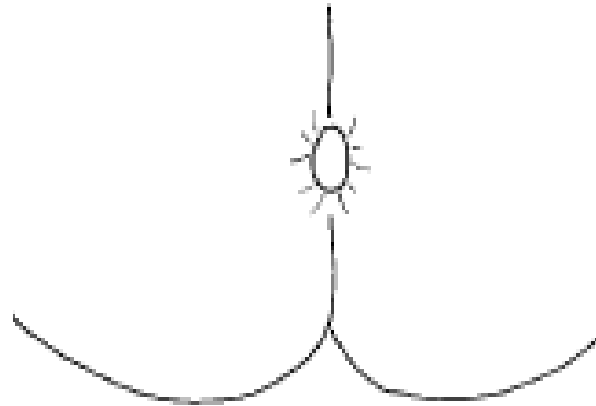
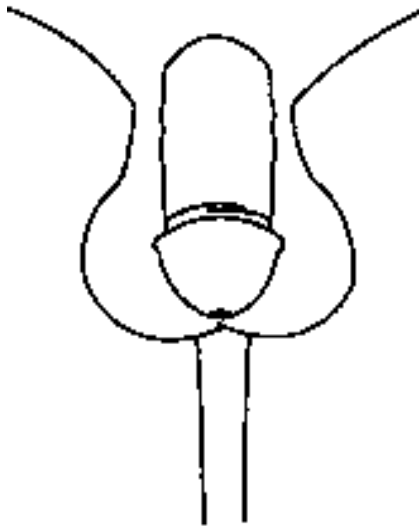
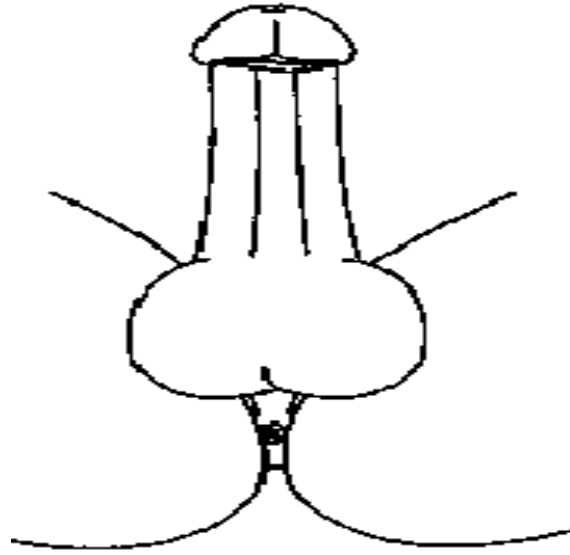
Was fluorescence observed

Yes

No

List sites:

PHYSICAL EXAMINATION OF MALE – Include all signs of tenderness, trauma, discharge and scars. Illustrate signs of trauma and document sites of fluorescence.



Genital/ Anogenital Photographs

Yes

No

Genital/ Anogenital Photographs with Toluidine Blue

Yes

No

Additional Comments:

Fluorescence

Alternate Light Source

Yes

No

Was fluorescence observed

Yes

No

List sites:

Photograph Inventory (optional):

Identification of areas photographed (e.g., right cheek, right thigh, left arm, vulva, vagina, hymen, etc.)

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9. ANAL-GENITAL CHART:

**FEMALE / MALE GENERAL**

Tanner Stage													
Female:							Male:						
N/A	1	2	3	4	5	N/A	1	2	3	4	5		
Breast						Genitals							
Pubic Hair						Pubic Hair							
			WNL	ABN	Not Examined	Describe							
Inguinal adenopathy													
Medial aspect of thighs													
Perineum													
Vulvovaginal discharge													
Urethral discharge													
Anal discharge													

FEMALE	WNL	ABN	Not Examined	Describe
Labia majora				
Clitoris				
Labia minora				
Periurethral tissue/urethral meatus				
Hymen				
Posterior fourchette				
Fossa navicularis				
Vagina				
Cervix				
Other (describe):				

Genital exam position used: (check all that apply):

- Supine Lithotomy
- Supine Frog-legged
- Supine Knee Chest
- Prone Knee Chest

MALE	WNL	ABN	Not Examined	Describe
Penis Circumcised    Yes    No				
Urethral Meatus (e.g., discharge, redness)				
Scrotum				
Testes				
Other (describe):				

FEMALE / MALE ANUS	WNL	ABN	Not Examined	Describe
Buttocks				
Perianal skin				
Anal verge / folds / rugae				
Anal tone (e.g., spasm,laxity)				
Rectal ampulla				
Other (describe):				

Genital Exam done with:    Direct Visualization    Digital Imaging System

Method of exam for anal tone:    Observation    Digital Exam

Anal exam position used:    Supine    Prone    Lateral recumbent

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10. EXAMINATION FINDINGS:

Physical examination reveals:

Physical Findings

No Physical Findings

SUMMARY OF PHYSICAL FINDINGS:

Oral Trauma

Genital Trauma

Anal Trauma

Other Physical Trauma

PHOTOGRAPHY:

Yes

No

HAWAII STATE SEXUAL ASSAULT EVIDENCE COLLECTION KIT USED:

Yes

No

FOLLOW – UP:

Check ( ✓ ) if applicable:

Return for follow-up exam with private health provider or gynecologist

When:

Referral for further STI testing if not treated

Follow-up by Department of Human Services – Child Welfare Services (DHS-CWS)

Referral for counseling given

Other:

Examiner's Signature

Examiner's Time In:

Examiner's Name (Please Print)

Examiner's Time Out:

Address and phone number where you can be reached:

Address:

Phone:

**ATTACHMENT A**

LABORATORY SPECIMENS

Check ( √ ) if Done:

<input type="checkbox"/> Urine Test for Pregnancy:	Positive	Negative	Pending			
<input type="checkbox"/> Gonorrhea:	Endocervical	Vaginal	Rectal	Penile	Oral	Urine
<input type="checkbox"/> Chlamydia:	Endocervical	Vaginal	Rectal	Penile	Urine	
<input type="checkbox"/> Herpes:	Specify Site:					
<input type="checkbox"/> Complete Urinalysis						
<input type="checkbox"/> Drug Screening						
<input type="checkbox"/> HIV Protocol (only to be offered to 13 yrs old and older for exposure within 72 hours)						
<input type="checkbox"/> Other: (Specify)						

WET MOUNT

Wet Mount slide prepared:	Yes	No
Slide interpreted by examiner:	Yes	No
Motile sperm observed:	Yes	No
Non-motile sperm observed:	Yes	No
Monilia observed	Yes	No
Trichomonas observed:	Yes	No

**ATTACHMENT B**

PLAN

1. Pregnancy prophylaxis (Emergency Contraception) – **FEMALES**

a) Ulipristal (Ella) 30mg p.o. single dose (Examiner has informed patient of possible risks and side effects of such Rx if pregnancy were to occur)

Medication  
Administered /  
Dispensed By:  
(Initials)

Info Given for  
Medication By:  
(Initials)

\_\_\_\_\_

\_\_\_\_\_

b) Levonorgestrel (Plan B One-Step) 1.5mg p.o. single dose (Examiner has informed patient of possible risks and side effects of such Rx if pregnancy were to occur)

\_\_\_\_\_

\_\_\_\_\_

c) Not given (patient declined)

Not given (contraindicated)

Reason: \_\_\_\_\_

2. Sexually transmitted disease prophylaxis / treatment - **ADULTS**

a) Recommended Regimen

Ceftriaxone 250 mg. i.m. single dose

**PLUS**

Metronidazole 2 gm p.o. single dose

**PLUS**

Azithromycin 1 gm p.o. single dose

**OR**

Doxycycline 100 mg p.o. BID X 7 days  
(contraindicated in pregnant women)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Alternative Regimen

Ceftriaxone 250 mg i.m. single dose

**PLUS**

Erythromycin Base 500 mg p.o. QID X 7 days

**PLUS**

Metronidazole 500 mg p.o. BID X 7 days

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Not given (await culture results)

Not given (patient declined)

Not given (other) specify



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3. HIV Prophylaxis - **ADULTS**

a) Truvada 200 / 300 mg / 1 p.o. everyday #5

Isentress 400 mg / 1 p.o. twice a day # 10

b) Not given (patient declined)

Not given (other) specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Hepatitis B Vaccination

a) Given

b) Not given (already vaccinated)

Not given (contraindicated)

Not given ( patient declined)

Not given (other) specify

\_\_\_\_\_

5. Comfort Medication

a) Acetaminophen 325 mg tablets

Take \_\_\_\_\_mg p.o.

b) Ibuprofen 200 mg tablets

Take \_\_\_\_\_mg p.o.

\_\_\_\_\_

\_\_\_\_\_

6. Other:

Reason:

\_\_\_\_\_  
Administered / Dispensed / Prescribed By (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

APPENDIX A: NON-FATAL STRANGULATION / SUFFOCATION SUPPLEMENTAL FORM

Patient Name: \_\_\_\_\_

Strangulation / Suffocation is a serious event that can occur in the context of sexual assaults. Many times strangulation / suffocation presents **NO VISIBLE INJURIES**. It is important to ask about strangulation / suffocation in all sex assault cases, and document positive disclosure or any signs and symptoms.

NOTE:

- Strangulation is impeding the normal breathing or circulation of the blood by applying pressure on the throat or the neck with any part of the body or ligature;
- Suffocation is impeding normal breathing by blocking the nose and mouth; or applying pressure to the chest.

Was the patient strangled?    No    Yes

How many times did strangulation occur?

Why/how did the strangulation stop?

How did strangulation occur? (Check all that apply)

- Right hand    Left hand    Both hands    Unknown    Chokehold maneuver
- Other (describe)

What is the measurement of the patient's neck circumference?

Describe mannequin demonstration (where applicable)

Was the patient suffocated?    No    Yes

How many times did suffocation occur?

Why/how did the suffocation stop?

Pressure on:    Nose and Mouth?    No    Yes    Chest?    No    Yes (describe)

Was the patient shaken during the incident?

- No    Yes (describe)

Was the patient's head pounded against any object during the incident?

- No    Yes (describe)

Was the assailant wearing any jewelry on hands or wrists?

- Unknown    No    Yes (describe)

Describe what the pressure felt like during strangulation and/or suffocation:

What was the patient thinking during the strangulation and/or suffocation?

What did the assailant say before, during, or after the strangulation and/or suffocation?

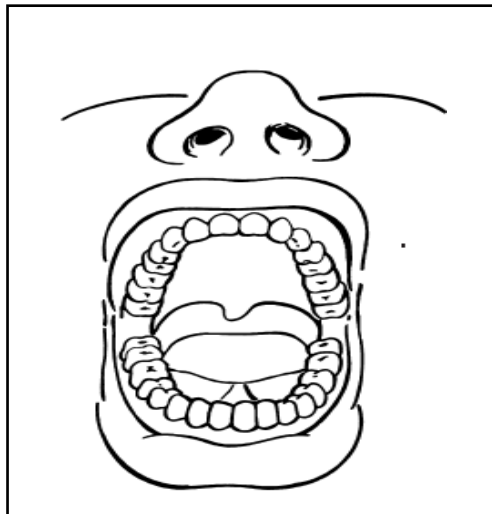
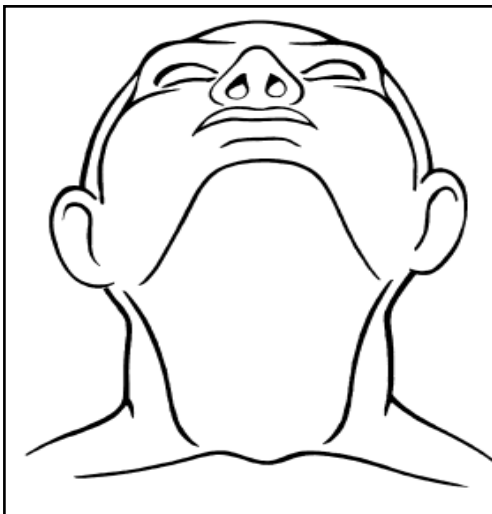
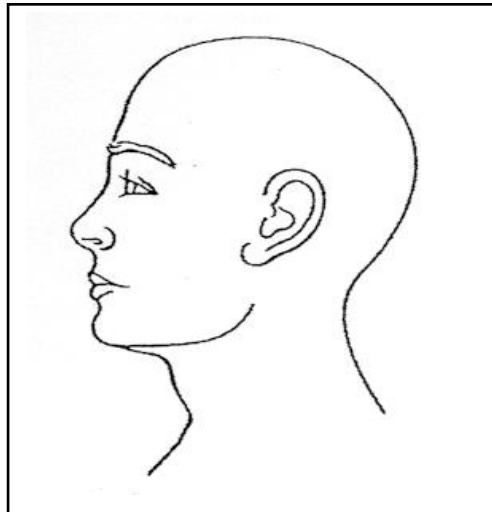
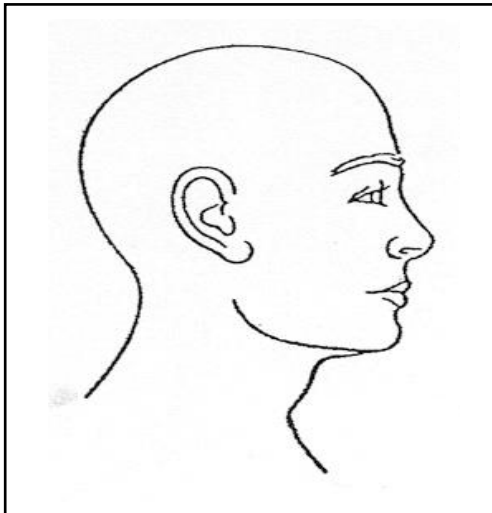
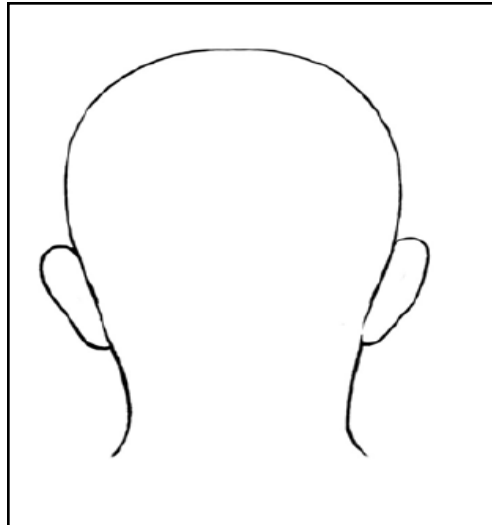
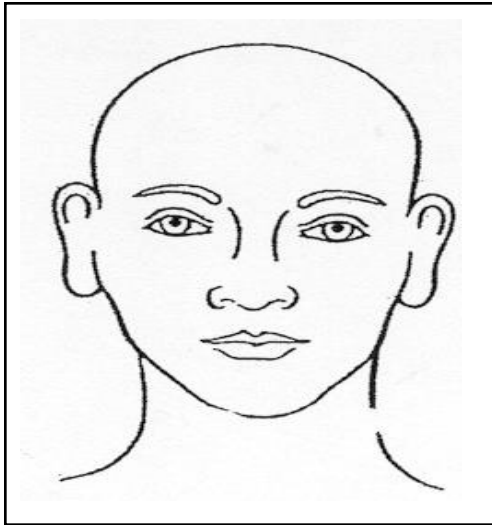
What was the assailant's demeanor during strangulation and/or suffocation?

**Signs/Symptoms of Strangulation and/or Suffocation**

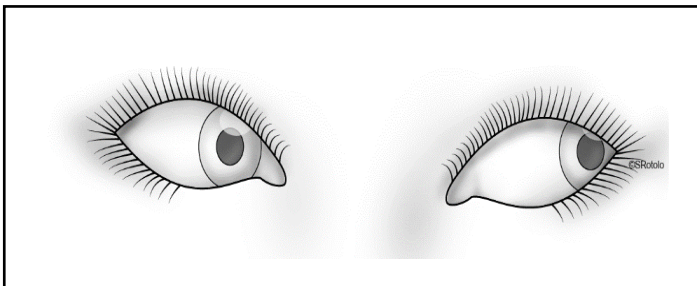
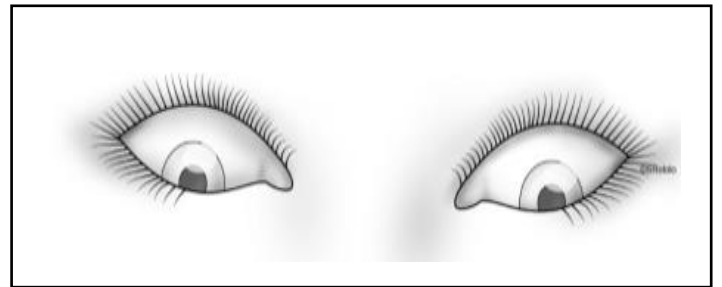
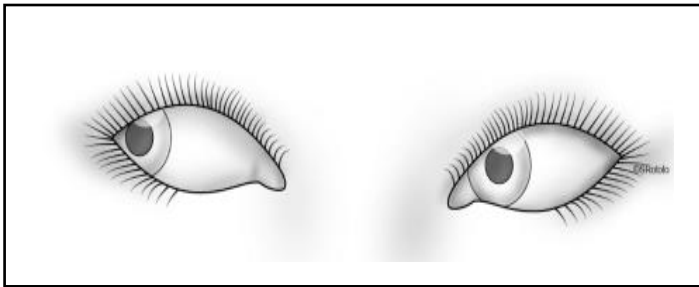
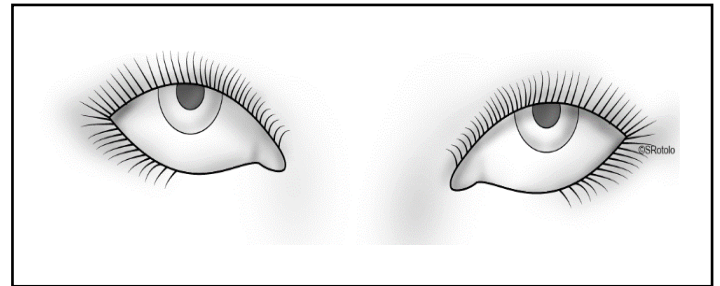
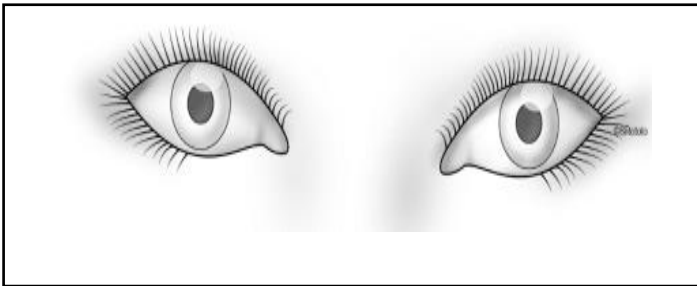
The following signs/symptoms should be asked about, assessed for and documented in writing, with body mapping, and by photo-imaging (if applicable). **Check ALL that apply.**

<p><b>Head/Scalp</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Petechiae on scalp</li> <li><input type="checkbox"/> Pulled hair</li> <li><input type="checkbox"/> Contusions / bump</li> <li><input type="checkbox"/> Cuts / abrasions</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Vomiting</li> </ul>	<p><b>Face</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Red, flushed</li> <li><input type="checkbox"/> Petechiae (Red Spots)</li> <li><input type="checkbox"/> Scratch marks</li> <li><input type="checkbox"/> Cuts / abrasions</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Eyes &amp; Eyelids</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bloody red eyeball</li> <li><input type="checkbox"/> Petechiae eyeball                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Right</li> <li><input type="checkbox"/> Left</li> </ul> </li> <li><input type="checkbox"/> Petechiae eyelid                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Right</li> <li><input type="checkbox"/> Left</li> </ul> </li> <li><input type="checkbox"/> Ptosis                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Right</li> <li><input type="checkbox"/> Left</li> </ul> </li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Nose</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bloody nose</li> <li><input type="checkbox"/> Broken nose</li> <li><input type="checkbox"/> Petechiae</li> <li><input type="checkbox"/> Cuts / abrasions</li> <li><input type="checkbox"/> Other:</li> </ul>	
<p><b>Ears</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Petechiae                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Right</li> <li><input type="checkbox"/> Left</li> </ul> </li> <li><input type="checkbox"/> Bleeding from ear                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Right</li> <li><input type="checkbox"/> Left</li> </ul> </li> <li><input type="checkbox"/> Auditory changes</li> <li><input type="checkbox"/> Cuts / abrasions</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Mouth</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Swollen tongue</li> <li><input type="checkbox"/> Swollen lips</li> <li><input type="checkbox"/> Cut / abrasions</li> <li><input type="checkbox"/> Petechiae</li> <li><input type="checkbox"/> Bruising</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Neck/Under Chin</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Redness</li> <li><input type="checkbox"/> Scratch marks</li> <li><input type="checkbox"/> Cuts / abrasions</li> <li><input type="checkbox"/> Bruises</li> <li><input type="checkbox"/> Neck pain (Pain scale 0–10)</li> <li><input type="checkbox"/> Swelling</li> <li><input type="checkbox"/> Ligature marks</li> <li><input type="checkbox"/> Subcutaneous emphysema</li> <li><input type="checkbox"/> Fingernail impressions</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Shoulders</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Redness</li> <li><input type="checkbox"/> Scratch marks</li> <li><input type="checkbox"/> Bruise(s)</li> <li><input type="checkbox"/> Cuts / abrasions</li> <li><input type="checkbox"/> Other:</li> </ul>	
<p><b>Chest</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Redness</li> <li><input type="checkbox"/> Scratch marks</li> <li><input type="checkbox"/> Cuts / abrasions</li> <li><input type="checkbox"/> Bruises</li> <li><input type="checkbox"/> Subcutaneous emphysema</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Behavioral</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agitation</li> <li><input type="checkbox"/> Combative</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Memory disruption</li> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Neurological</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Loss of consciousness</li> <li><input type="checkbox"/> Involuntary urination</li> <li><input type="checkbox"/> Involuntary defecation</li> <li><input type="checkbox"/> Seizures</li> <li><input type="checkbox"/> Headache (Pain scale 0–10)</li> <li><input type="checkbox"/> Dizziness</li> <li><input type="checkbox"/> Faintness</li> <li><input type="checkbox"/> Tinnitus</li> <li><input type="checkbox"/> Visual changes</li> <li><input type="checkbox"/> "Saw Stars" or Spots</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Throat/Voice</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dysphagia</li> <li><input type="checkbox"/> Odynophagia (painful swallowing)</li> <li><input type="checkbox"/> Dysphasia</li> <li><input type="checkbox"/> Aphasia</li> <li><input type="checkbox"/> Drooling or inability to swallow</li> <li><input type="checkbox"/> Throat pain (Pain scale 0–10)</li> <li><input type="checkbox"/> Raspy voice/hoarseness</li> <li><input type="checkbox"/> Coughing</li> <li><input type="checkbox"/> Change in voice pitch</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stridor</li> <li><input type="checkbox"/> Hoarseness</li> <li><input type="checkbox"/> Trouble catching breath</li> <li><input type="checkbox"/> Hyperventilation</li> <li><input type="checkbox"/> Respiratory Distress</li> <li><input type="checkbox"/> Hemoptysis</li> <li><input type="checkbox"/> Other:</li> </ul>

Please indicate all injuries checked above on the body maps below.



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Notes