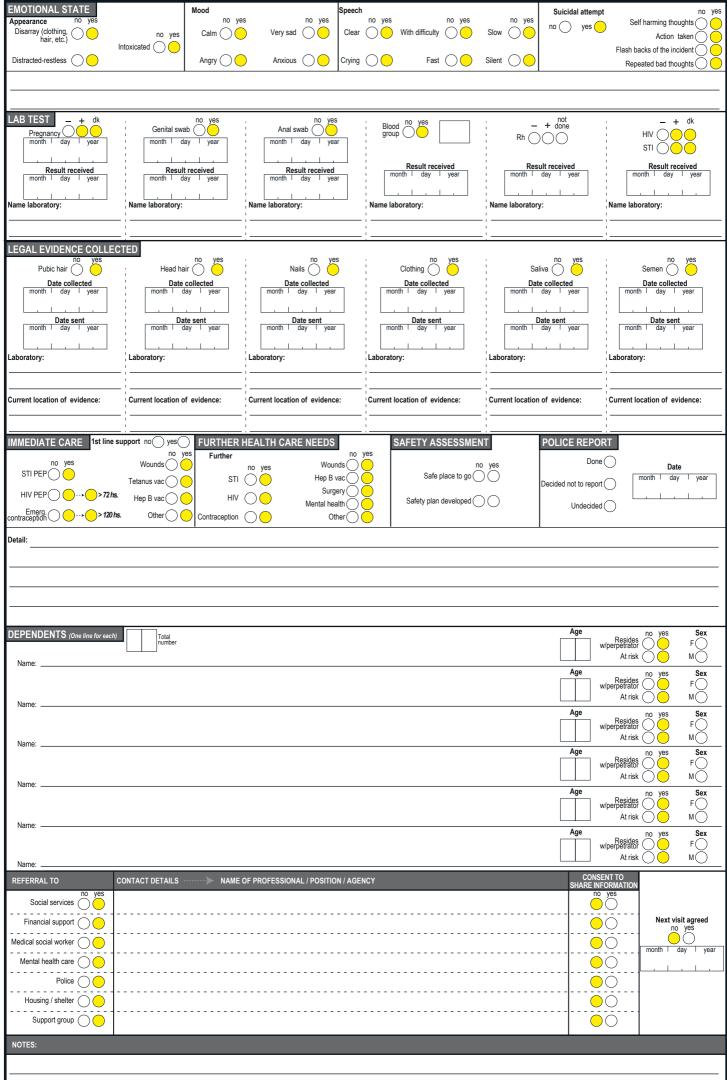
Interface VILAGE CP CAREW Section Output Interface VILAGE CP CAREW Section Output Interface VILAGE CP CAREW Section Output Interface VILAGE CAREW Section Output Section Output Interface VILAGE CAREW Section Output Section		oor hour wi-	Name:	Information in this Professional pos	s section recorded by: sition:	Hea	th facility :		
Database NOVE NOVE NOVE NOVE NEET CORRES VILUAR CTV CORRES USER Database NEET CORRES VILUAR CTV CORRES Database CORRES PERMENDER Database Database CORRES PERMENDER Database Database CORRES PERMENDER Database Database CORRES Database Database Database Database Database	month day y	ear nour min	Regional Health Authority :		Informed	Ċ.	yes		
NEXT / DEFEND VLOR CT COUNT Use special Count Description NEXE / DEFEND PECK /	GURNAME	FIRST NAME	• • •	NICKN	AME	ID TYP	E ID card) Driver's O n	T&T (
Instrume Processing		VILLAGE	CITY	COUNT	TV		🔾		
Interfactor Description Descrin Descrin Descrin De	INCE I ADDINESS	VILLINGE	UTT	00011		Name of	he country:	ID not	shared (
DBT Marine gravity with the pressure w	ONE NUMBER (cellphone)	PHONE NUMBER (landline)	EMERGENCY CONT	TACT PERSON PHONE	ENUMBER				
Intel bit is in the set of the set	Date of birth Age	Union status	Ethnicity		Religion				
With the line for year dock Name		Married and living with partner	East Indian	Chinese O	Anglican	Pentecostal 🔵	Islan	<u> </u>	
Image: Section of the section recorded by: Image: Section recorde by: Im							Presbyteria	n O Primar	y 🔿
Image: Section of the section of t		No longer living with spous	e C Mixed African-East Indian (Syrian or Lebanese		~	Rastafaria	"U '	
Name by or hask (*) Polog Personal (*) Name (*) Control (*) Name (*) Control (*) Name	ier O other V	No longer living with common-law partne	Mixed Other (× ×	-	Complete	
TALE HEALTH CALLE Intermine the second of second of the second of th	ferred by Self Relative	Polico Other Healt	th Social Conso C		Accompanied by:	0			\bigcirc
DBTATION Interfine Name Prodesided position Head holding DBTATION Interfine Regional Health Authority: Interfine March Automotion March Segural Health Authority: Interfine March Automotion Interfine March Automotion March Segural Health Authority: Interfine March Automotion Interfine March Automotion Interfine March Automotion March Automotion Interfine March Automotion Interfine Inter	; " ()			0 0	(name)) •••		
Image: contraction of the the hand of the the time of the t	month day	year hour min	Name:	Professional pos	sition:				
March Best Descho			Regional Health Authority :		Informed				
Non User and ing Interface					irths Alive		s dk	Tes	t
Name Average Septende Preprint Name Preprint	Female		Menstruating) Ó	HIV C	Other STI
Stargence	Male Alle	rintion				month da	y year	- ()	\bigcirc
Interest Precision Interest reaction I	Man () Inter ()					Нер В		dk 🦲	ŏ
Other Speck: Cutors	Mental H						$\sum_{i=1}^{n}$		
Please ask: can you please tell me what happened? Take all the time you need and provide as much detail as you can. All the information asked is to provide you with the best care and it will not be shared with others unless you give consen CIDENT Det of most recent indext. minh recent indext. Yes Plystal Yes Yes Yes Y		Other () () Specify:							
CIDENT Date of most recent incident Generation of model Parpetrator (a) Who assulted you? Lives with perpetrator When? ype of violance Project New Project <									
CIDENT Data of most recent incident mode/instance Strangel Strangel Strangel Lives with perpetition Nearing Allowance yyes node/instance Node	Please ask: can y	ou please tell me	what happened? T	ake all the time y	ou need and p	rovide as m	uch deta	ail as you ca	an.
number Date of most recent inclosent in other institution in one	All the information a	asked is to provid	e you with the best	t care and it will r	not be shared v	with others	unless y	ou give cor	nsent
model index in order in order in order in		1 st roportor		Perpetrator (s)	Who assaulted you?	2	Lives with perpe	etrator Where?	
ype of violence Physical Physical Physical O Psical Poptomotional		min > 72 hs			Intimate partner	Other known 🔘		s At ho	\simeq
Physical Provious no yes Maked Based Sampeder Asked Sexual Sampeder Perpetrator Interceited care due to: no yes no yes Perpetrator or yes No Protection of incident Incident COVID 19 stay-sk-tome measures or yes Protection of incident Incident Incident Covid 19 stay-sk-tome measures or yes Protection of incident Incident Information in this section recorded by: No Protestional position: Health facility: Protestional position: Information in this section recorded by: No Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position: Protestional position:<	, ,	In other in	istitution O-!		Family member	Stranger ()	Appea		\cup
Addad Samual	no yes	Disclosed by p		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	no ves	dk	Drugs	- 4	Alcohol
isy in receipt of care due to: no yes no yes no yes covid D 19 stay-st-hone measures Partner restricted movement escription of incident CUNICAL EXAM Information in this section recorded by: Name: Professional position: moves Professional position: Professional position: </td <td>Psychoem</td> <td>otional</td> <td>month</td> <td>he incident day year</td> <td></td> <td></td> <td>ator O</td> <td>Perpetrator</td> <td>OOC</td>	Psychoem	otional	month	he incident day year			ator O	Perpetrator	OOC
COVID 19 stay at-home measures Partner restricted movement Weather escription of incident escription of incident Professional position: Information in this section recorded by: Name: Professional position: Health facility: Information in this section recorded by: Name: Professional position: Health facility: Information in this section recorded by: Name: Professional position: Professional position: Information in this section recorded by: Name: Professional position: Professional position: Information in this section recorded by: Name: Professional position: Professional position: Information in this section recorded by: Name: Professional position: Professional position: Information in this section recorded by: Name: Professional position: File Name: Professional position: Information in this section recorded by: Name: Professional position: File Bing </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Information in this section recorded by: Name: Information in this section recorded by: Name: Professional position: Health facility: Information in this section recorded by: Name: Professional position: Health facility: Information in this section recorded by: Name: Professional position: Health facility: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information in this section recorded by: Name: Professional position: Information information information informatin this section recorded by:						0			
Professional position: Informed Consent Given Professional position: Professional position: <td>Description of incident</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Description of incident								
Informed Consent Given Informed Consent Given <td></td> <td></td> <td></td> <td>Information in this section</td> <td>recorded by: Name</td> <td>:</td> <td></td> <td></td> <td></td>				Information in this section	recorded by: Name	:			
Informed Consent Given				Professional position:		Health fa	cility :		
Name: Professional position: Sex month day year hour min YPP no yes Mode no yes Mode no yes Beating Burning Burning Mode no yes Height (kg) Height (cm) 1 Image:				n					
Sex month day year hour min HYSICAL no yes Mode no yes Mode no yes month day year hour min Hype no yes Mode no yes Fiearm o yes Height (cm) 1 indice						Health Authority :			
DESCRIPTION OF VIOLENT EVENT YPe no ype no yse no yse no Beating O Cutting O Burning O Other Object Nile O Other Object No yes No yes No Yes Pulling hair O Other Object Nile O Other Object No yes No yes No yes No Yes Post assault No no yes No Yes Vomited Changed clothes Orger O O O Nexted teeth Used tampon/ pad Ate / Drank Used tampon/ pad Nate / Iprixe No Nate No				Informed Consent Given		Health Authority :			
YSICAL vgs Mode vgs Mode no ygs ype no ygs mo ygs ygs ygs mo ygs y				Informed Consent Given		Professional positio	n:		
Pulling hair Other Biting Burning Burning Other Pulling hair Other Other Other Diger Oral no yes Nild None Post assault no no yes Mild None Post assault no yes Nild None Post assault no yes Vomited O'es Defecated Washed/ Bathed Defecated Washed/ Bathed Defecated Washed/ Bathed Ate / Drank moves no yes Nild None Post assault no yes Vomited O'es Defecated Washed/ Bathed Matk injuries in the drawing and describe			ENT	Informed Consent Given		Professional positio	n:		
Beating Cutting Biting Cutting Biting Burning Pulling hair Other Other Other object njury Severe Mild None Use of restraints 0 Use of restraints 0 Oral 0 Office Post assault no yes Vomited Changed clothes Vinated Changed clothes Vinated Changed clothes Defecated Washed/ Bathed Brushed teeth Used tampon/ pad At / Drank Anus Mark injuries no yes Nore Nore Nore Nore Nore Nore Defecated Washed/ Bathed Defecated Used tampon/ pad Mark injuries in the drawing and describe		RIPTION OF VIOLENT EV	ENT	Informed Consent Given		Professional positio	n:		
Blood pressure Blood pressure Pulling hair Other object njury None Other object njury Severe Mild None Post assault no yes Post assault (gystolic) (diastolic) Pulse rate Resp. rate Done Not done enetration Vaginal Anal Oral Defecated Washed/ Bathed Done Not done linger O Defecated Washed/ Bathed O Yes No yes <t< td=""><td>YSICAL no yes</td><td>no yes dk Mode</td><td></td><td>Informed Consent Given (Witnessed by : Name:</td><td>Height (cm)</td><td>Professional positio</td><td>n:</td><td></td><td></td></t<>	YSICAL no yes	no yes dk Mode		Informed Consent Given (Witnessed by : Name:	Height (cm)	Professional positio	n:		
njury Severe Mild No Vomited Post assault No Veretration Vomited Veretration Vomited Vomited Vomited Vomited Veretration	HYSICAL no yes Fype no yes dk Strangli Beating	no yes dk Mode no	yes no yes	Informed Consent Given (Witnessed by : Name:	Height (cm)	Professional positio	n:		
EXUAL ASSAULT Rape no yes Post assault no yes Post assault no yes enetration Vomited Sinsed mouth Sinsed mouth Done enetration Vomited Changed clothes Done Done Not done //ejaculation Uninated Changed clothes Done Done Not done Defecated Washed/ Bathed Defecated Used tampon/ pad Genital injuries No yes No	HYSICAL no yes Fype no yes Beating O Cuttii Biting O Burni	no yes dk Mode no ng O O Force O ng O O Knife () yes no yes	Informed Consent Given (Witnessed by : Name: Weight (kg)	Height (cm)	Professional positio	n:		
no yes yes yes yes <	HYSICAL no yes Type no yes dk Strangli Beating O Cutti Biting O Burni Pulling hair O Ott	no yes dk Mode no ng O O Force C ng O O Knife C	 yes no yes Firearm Other object no yes 	Informed Consent Given (Witnessed by : Name: Weight (kg) Blood pressure	Height (cm)	Professional positio	n:		1 min
Centration Veginal And Chan Venication Changed clothes Emergent Changed clothes Emergent Veginal Changed clothes Emergent Changed clothes Emergent Defecated Washed/ Bathed Emergent Vagino rectal Pubertal Adult Defecated Used tampon/ pad Emergent Central injuries No yes No yes No yes No yes Vulva / scrotum Cervix Vagina / penis Introitus / hymen Anus Mark injuries in the drawing and describe	HYSICAL no yes Type no yes dk Strangli Beating O Burni Biting O Burni Pulling hair O Oth njury Severe Mild O	ng o yes dk ng o o o o o o o o o o o o o o o o o o o	yes no yes Firearm Image: Second state Image: Second state Other object Image: Second state Image: Second state no yes restraints Image: Second state	Informed Consent Given (Witnessed by : Name: Weight (kg) Blood pressure (systolic)	Height (cm) 1 Blood pressure (diastolic)	Professional positio	n:		1 min
Veringer O<	HYSICAL no yes Type no yes dk Strangli Beating O Burni Bitting O Burni Pulling hair O Oth Injury Severe Mild O	no yes dk ng d d force no Force d None d force force d Knife d Use of r	Pyes no yes Other object O Post assault yes no yes Post assault	Informed Consent Given (Witnessed by : Name: Weight (kg) Blood pressure (systolic)	Height (cm) 1 Blood pressure (diastolic)	Professional positio	n:		1 min
inger O <td>HYSICAL no yes Type no yes Beating O Cutti Biting O Burni Pulling hair O Oth Injury Severe Mild EXUAL ASSAULT Rape Penetration Vaginal Anal</td> <td>no yes dk ng dk ng dk ng dk Force dk Force dk Knife du Use of r None Vomited 0</td> <td>Pyes no yes Other object O Post assault yes no yes Rinsed mouth O Post State of the second seco</td> <td>Informed Consent Given (Witnessed by : Name: Blood pressure (systolic) Pulse rate Temperature °C</td> <td>Height (cm) 1 Blood pressure (diastolic) Resp. rate Done Not dou</td> <td>Professional position Sex F M</td> <td>n:</td> <td></td> <td>1 min</td>	HYSICAL no yes Type no yes Beating O Cutti Biting O Burni Pulling hair O Oth Injury Severe Mild EXUAL ASSAULT Rape Penetration Vaginal Anal	no yes dk ng dk ng dk ng dk Force dk Force dk Knife du Use of r None Vomited 0	Pyes no yes Other object O Post assault yes no yes Rinsed mouth O Post State of the second seco	Informed Consent Given (Witnessed by : Name: Blood pressure (systolic) Pulse rate Temperature °C	Height (cm) 1 Blood pressure (diastolic) Resp. rate Done Not dou	Professional position Sex F M	n:		1 min
Uther	HYSICAL no yes Type no yes Beating O Cutti Biting O Burni Pulling hair O Oth njury Severe Mild EXUAL ASSAULT Rape Penetration Vaginal Anal	no yes dk ng d force no Force force force None Use of r Oral Usin ted Using force forc	yes no yes Firearm Image: Second state Other object Image: Second state no yes restraints Image: Second state Post assault Image: Second state yes Rinsed mouth Changed clothes Image: Second state	Informed Consent Given (Witnessed by : Name: Blood pressure (systolic) Pulse rate Temperature °C	Height (cm) 1 Blood pressure (diastolic) Resp. rate Done Not dou	Professional position Sex F M M H H H H H H H H H H H H H H H H H H	n:		1 min
month day year	HYSICAL no yes Type no yes Beating O Cutti Biting O Burni Pulling hair O Oth Injury Severe Mild EXUAL ASSAULT Rape Penetration Vaginal Anal Penetration O O Wejaculation O O	no yes dk ng d force no Force force force None Ves Vorited for Urinated Defecated		Informed Consent Given (Witnessed by : Name: Blood pressure (systolic) Pulse rate Temperature °C B	Height (cm) 1 Blood pressure (diastolic) Resp. rate Done Not doi imanual exam Vagino rectal	Professional position Sex F M M Pubertal Adult	n:	ay year hour	no yes
	HYSICAL no yes Type no yes Beating O Cutti Biting O Burni Pulling hair O Oth njury Severe Mild EXUAL ASSAULT Rape Penetration Vaginal Anal Penis O O	no yes dk ng d force no Force force None Ves Vomited Use of r None Ves Vomited Defecated Defecated Brushed teeth	yes no yes Firearm image: straints image: straints No yes yes Post assault yes no Yes Rinsed mouth image: straints Changed clothes image: straints image: straints Washed/ Bathed image: straints image: straints Used tampon/ pad image: straints image: straints	Informed Consent Given (Witnessed by : Name: Blood pressure (systolic) Pulse rate Temperature °C Genital injuries no yes Vulva / scrotum (Vulva / scrotum	Height (cm) 1 Blood pressure (diastolic) Resp. rate Done Not do kimanual exam Vagino rectal 0 yes Cervix	Professional position Sex F M M Pubertal Adult no yes	n:	ay year hour	no yes



This color means WATCH (does not necessarily indicate risk or inadequate practices)

C