

Assault Comments

Indicate Box with X

Injury inflicted by:

Blows Kicks Throws Weapon used Shaken Cigarette

ALLEGED PHYSICAL ABUSE DETAILS

Bruising

Please indicate location

Head Arm
Face Hands
Shoulder/Upr. Arm Genitals
Chest Thighs
Back Legs
Lr. Back Feet
Abdomen Multiple

Lacerations **Abrasions**

Please indicate location

Head Abdomen
Face Arms
Neck Hands
Shoulder/upr. Arm Genitals
Chest Thighs
Back Legs
Lr. Back Feet

Fractures

Skull Ribs
Jaw Lr back
Zygoma Arms
Cheekbones Hands
Nose Legs
Collar bone Feet
Spine

Burns Scalds

Head Abdomen
Face Arms
Neck Hands
Shoulder/upr. Arm Genitals
Chest Thighs
Back Legs
Lr. Back Other

Emotional Abuse YES NO Details _____

Additional Details: Tick if applicable

Attempted Strangulation

Para Suicide

Panic attack/chest pain

Broken teeth

Pulled out hair

Any other information

Threatened to Kill

Sexual assault/rape

Loss of consciousness