



## INDIAN HEALTH SERVICE AND OFFICE FOR VICTIMS OF CRIME CHILD ABUSE PROJECT

### CASE SPECIFIC STATISTICAL DATA

Please complete the following information about your practice site **for all medical examinations performed regardless of the presence or absence of findings for age 18 and under:**

Medical Provider: \_\_\_\_\_

Site/facility: \_\_\_\_\_

- Victim date of birth \_\_\_\_\_ Ethnicity \_\_\_\_\_
- Type of contact/abuse (physical, sexual, medical neglect, emotional abuse) \_\_\_\_\_
- Date of contact/abuse \_\_\_\_\_
- Referring agency \_\_\_\_\_
- Perpetrator age \_\_\_\_\_ Sex \_\_\_\_\_
- Perpetrator relationship to victim \_\_\_\_\_
- Medical examination findings \_\_\_\_\_
- Specimens collected/lab tests ordered \_\_\_\_\_
- Status of case in the legal system \_\_\_\_\_
- Was the alleged perpetrator arrested \_\_\_\_\_

**Please mail this form as soon as possible after all data is collected to:**

**CDR P. Jane Powers APRN, BC, FAANP**  
Director, IHS/OVC Child Abuse Project  
P. O. Box 160  
Ft. Duchesne, Utah 84026