#### Annex 2. Case Details Form



VII. Annex 2

**Case Details**:

Case No. / UR No. ............................................ Place of examination.....................................................

Subject’s name .................................................... ................................................................................

Address .............................................................. Address .....................................................................

......................................................................... ................................................................................ Age ….… D.O.B. ……/……/…..… M / F .......... Tel ............................... Fax .......................................

E-mail ........................................................................

**Consent**: Obtained from ..........................................................................................................................

|  |  |  |
| --- | --- | --- |
| Time called hrs | Time of arrival hrs | Time of departure hrs |
| (original call-out) …… / …… / …… | at scene ……. / / …… | from scene …… / …… / …… |
| Time of commencement hrs | Time of completion hrs | Time of completion ……… hrs |
| of examination …… / …… / …… | of examination …… / …… / …… | of notes …… / …… / …… |

|  |  |  |  |
| --- | --- | --- | --- |
| **Observers**: |  | | |
| Name | Status | Name | Status |
| …………………………. | …………………..... | …………………….. | …………………….. |
| …………………………. | …………………..... | …………………….. | …………………….. |
| …………………………. | …………………..... | …………………….. | …………………….. |

**Circumstances / History**:

1. From patient ......................................................

...........................................................................

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...........................................................................

1. From others (police, ambulance, family, friends, others) Name of informant ................................................

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...........................................................................

**Clothing**:

.......................................................................

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.......................................................................

**Jewellery**:

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.......................................................................

.......................................................................

.......................................................................

**Specimens**: **Specimens handed to**:

..................................... ................................ Recipient name......................................................

..................................... ................................ Status ..................................................................

..................................... ................................ Recipient signature .................................................

Time ……. hrs Date ……… / ……… / …………

**Record of findings**: X-rays

Photography

Video

Other ......................................................................................

..............................................................................................



**Medical examination**:

Pulse rate: .......................................

B.P.: ..............................................

Temp. °C

Ht: cm

Wt: kg

Morphometry ..................................

.....................................................

.....................................................

**General medical examination**:

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**Past medical history**:

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Drugs/Medication.....................................................................

..............................................................................................

..............................................................................................

**Examiner**:

Name ................................................................ Signature ...................................................................

Professional address ............................................. Time …………… hrs Date …… / …… / …….

......................................................................... Tel .................................. Fax ...................................

**Notes on wound description**:

1. In describing a wound *consider* the following features:

3.

Site Colour

Size Contours

Shape Course Surrounds Contents

Age Borders

Classification Depth

4.

2.

Ensure descriptions are consistent with the following definitions:

Abrasion – A superficial scraping injury of the body surface with or without bleeding

Bruise – Leakage of blood from blood vessels discolouring the tissues of the body

Incision – A cutting-type injury that severs tissues in a clean and generally regular fashion

Laceration – A tear or split in tissues

5.

6.

7.

All descriptions of wounds and injuries should be made by reference to the subject in the standard anatomical positions.

The use of terms such as Superior, Inferior, Anterior and Posterior should refer to the subject in standard anatomical position.

The measured position of wounds on the body should be located by reference to fixed bony landmarks.

The accurate classification of a wound type has major significance for determining injury causation.

An accurate Forensic Medical examination should assist in the reconstruction of the events in which the injury occurred.