

Documenting VAW in ED

Name:

Sex: Male/Female/TG

Religion: Hindu/Muslim/Christian/Buddhist/Any other

Brought by: Self/Relative/Spouse/Friend/Police/Any other.....

Informed by: Self/Relative/Spouse/Friend/Police/Any other.....

Age:

Date of examination:

Time of examination:

Pregnant: yes /No

Time of incident:

Place of Incident: At home/outside home/workplace/Road, railway, traffic/ No information

Type of complaint: Assault/Fall/Burns/Rape/Poison/Self Inflicted wound/other accident at home/Vehicular accident/Incident unrelated to violence/No information/ Any Other (specify).....

Assaulted by: Husband-Partner/family member-relation/neighbour/any other

Assaulted with: Blunt Instrument/Sharp Instrument/Hands/Human Bits/Kicks/Belt/Revolver/Any other (specify).....

Type of poison: Insecticide/pesticide/Tablets/ /No information/ any Other (specify).....

Cause of burn: Stove burst/spilling of hot fluids/attempted suicide/Deliberate burning by others/accidental/No information/ Other (specify).....

Percentage of burns: Less than 25%/26-50%/51-75%/76 and above

Details about fall: Deliberate/ dizzy spell/accidental/no information

Fall height: 1-6 feet/7-15 feet/16 feet and above/ No information

Type of injury: Bruises/Abrasions/Contusions/Swelling/Laceration/Fracture/Bleeding/Incised wound/ any Other (specify).....

Part of the body injured: Face/head/neck/chest/abdomen/hands/legs/buttocks/reproductive organs/back/Nose/ear/ENT/eyes/ shoulder / any Other (specify).....

Other health complaint:

Screened for domestic violence: Yes/No,

If DV then:

Provision of first line support: Yes/No

Information about available service: Yes/No

Medico-legal certificate: Yes/No

Safety Assessment: Yes/No

Informed Protection Officer : Yes / No

If rape then:

Provision of first line support: yes/no

Clinical care (EC, etc), yes/no

Refer to designated person/department for medico-legal care as per MoHFW guidelines