State of California
Governor's Office of Emergency Services

# MEDICAL REPORT: SUSPECTED CHILD PHYSICAL ABUSE AND NEGLECT EXAMINATION

# OES 900

For more information or assistance in completing the OES 900, please contact
University of California, Davis California Medical Training Center at:
(888) 705-4141 or www.calmtc.org

Available at: **www.oes.ca.gov**
Criminal Justice Programs Division;
Publications and Brochures

**MEDICAL REPORT: SUSPECTED CHILD PHYSICAL ABUSE AND NEGLECT EXAMINATION**
**State of California**
**Governor's Office of Emergency Services**
**OES 900**

**Confidential Document: Restricted Release** | **Patient Identification:** | **Date:**

## A. GENERAL INFORMATION

☐ See Patient Label/Registration Face Sheet

| 1. Name of Medical Facility Where Exam Performed | Facility Address | 2. Date of Exam | Time of Exam |
|---|---|---|---|
| | | | |

| 3. Patient's Last Name | First Name | M.I. | Telephone | Cell Phone |
|---|---|---|---|---|
| | | | | |

| 4. Street Address | City | County | State | Zip Code |
|---|---|---|---|---|
| | | | | |

| 5. Age | Date of Birth | Gender ☐ Female ☐ Male | Ethnicity |
|---|---|---|---|
| | | | |

**6. Interpreter Used:** ☐ No ☐ Yes Language Used: _____

Name of Interpreter: _____ Telephone: _____

Affiliation of interpreter: ☐ Facility Interpreting Services

☐ Contracted Agency, specify: _____

☐ Family ☐ Friend ☐ Other, specify: _____

**7. Name of Child's Caregiver** ☐ Parent ☐ Legal Guardian ☐ Other, specify: _____ | Gender ☐ Female ☐ Male | Telephone (w) (h) (c)

| Street Address | City | County | State | Zip Code |
|---|---|---|---|---|
| | | | | |

**8. Name of Child's Caregiver** ☐ Parent ☐ Legal Guardian ☐ Other, specify: _____ | Gender ☐ Female ☐ Male | Telephone (w) (h) (c)

| Street Address | City | County | State | Zip Code |
|---|---|---|---|---|
| | | | | |

| 9. Name(s) of Siblings | Gender | Age | DOB | Name(s) of Siblings | Gender | Age | DOB |
|---|---|---|---|---|---|---|---|
| | M F | | | | M F | | |
| | M F | | | | M F | | |

## B. MANDATORY REPORTING FOR SUSPECTED CHILD ABUSE AND NEGLECT

Mandatory Child Abuse/Neglect Report made to both Law Enforcement and CPS Agencies (Pursuant to Penal Code §11166):

| | | Telephone | Date |
|---|---|---|---|
| ☐ Law Enforcement ☐ Telephone Report ☐ Written Report Submitted | Name of Agency | | |
| Name of Person Taking Report: | | | |
| ☐ Child Protective Services ☐ Telephone Report ☐ Written Report Submitted | Name of Agency | Telephone | Date |
| Name of Person Taking Report: | | | |

## C. RESPONDING PERSONNEL TO MEDICAL FACILITY

**Name** **ID Number** **Agency** ☐ **Unknown**

Child Protective Services _____

**and/or**

Law Enforcement Officer _____

## D. PATIENT CONSENT AND AUTHORIZATION FOR EXAMINATION (See instructions)

☐ Law Enforcement Authorized ☐ CPS Authorized ☐ Placed in protective custody ☐ Physician authority pursuant to state law ☐ Parent/Guardian consent

## E. DISTRIBUTION OF OES 900 (Check all that apply)

| | |
|---|---|
| ☐ Law Enforcement Agency (original) ☐ Hand Delivered ☐ Mailed ☐ Faxed | ☐ Child Protective Services (copy) ☐ Hand Delivered ☐ Mailed ☐ Faxed |
| ☐ Crime Laboratory (copy included with evidence) | ☐ Medical Facility Records (copy) |

## F. PATIENT HISTORY

| 1. Name of Person(s) Providing History | Relationship to Patient |
|---|---|
| | |
| | |

| 2. Child Accompanied to Facility By | Relationship to Patient |
|---|---|
| | |
| | |

**Patient Identification:** **Date:**

**3. History of Present Illness** ☐ **See dictation for additional information.** ☐ **N/A**

If dictating, provide brief 2-3 sentence handwritten summary. Print or write legibly. Include date, time or timeframe, place of incident, and initial reporting party. Distinguish statements made by child in quotation marks from those statements made by other historians.

## G. PAST MEDICAL HISTORY

| | Yes | No | Unknown | Describe |
|---|---|---|---|---|
| Birth History (if applicable) | ☐ | ☐ | ☐ | |
| Physical Abuse History | ☐ | ☐ | ☐ | |
| Sexual Abuse History | ☐ | ☐ | ☐ | |
| Neglect History | ☐ | ☐ | ☐ | |
| Emotional Abuse History | ☐ | ☐ | ☐ | |
| Domestic Violence Exposure | ☐ | ☐ | ☐ | |
| Alcohol/Drug Exposure<br>☐ Prenatal ☐ Postnatal<br>☐ Alcohol ☐ Drug | ☐ | ☐ | ☐ | Specify types of drugs if known, and collect urine toxicology up to 96 hours after ingestion: |
| Hospitalization(s) | ☐ | ☐ | ☐ | |
| Surgery | ☐ | ☐ | ☐ | |
| Significant Illness/Injury | ☐ | ☐ | ☐ | |
| Any pertinent medical condition(s) that may affect the interpretation of findings? | ☐ | ☐ | ☐ | |
| Allergies | ☐ | ☐ | ☐ | |
| Medications | ☐ | ☐ | ☐ | |
| Immunizations Up To Date | ☐ | ☐ | ☐ | |
| Disabilities | ☐ | ☐ | ☐ | (Specify): |
| Growth & Development<br>☐ WNL ☐ ABN ☐ Unknown | ☐ | ☐ | ☐ | |

## H. REVIEW OF SYSTEMS ☐ Negative except as noted below

☐ See dictation for additional information ☐ N/A

| I. NAME OF PERSON TAKING HISTORY (Print Name) | Signature | Telephone | Date |
|---|---|---|---|
| | | | |

## J. GENERAL PHYSICAL EXAMINATION

| 1. Temperature | Pulse | Respiration | Blood Pressure |
|---|---|---|---|
| | | | |

| 2. Height (cm or in) | (%) | Weight (kg or lb) | (%) | Children under 2: (HC) | (%) |
|---|---|---|---|---|---|
| | | | | | |

3. General physical appearance, demeanor, and level of physical discomfort/pain. Provide brief handwritten summary even if dictating. ☐ See dictation for additional information. ☐ N/A

**Patient Identification:** **Date:**

4. Record results of physical examination.

| | WNL | ABN | Not Examined | See Body Diagram | Describe Abnormal Findings. ☐ N/A ☐ See dictation for additional information |
|---|---|---|---|---|---|
| Skin | | | | | |
| Head | | | | | |
| Eyes | | | | | |
| Ears | | | | | |
| Nose | | | | | |
| Mouth/Pharynx | | | | | |
| Teeth | | | | | |
| Neck | | | | | |
| Lungs | | | | | |
| Chest | | | | | |
| Heart | | | | | |
| Abdomen | | | | | |
| Back | | | | | |
| Buttocks | | | | | |
| Extremities | | | | | |
| Neurological | | | | | |
| Genitalia | | | | | |

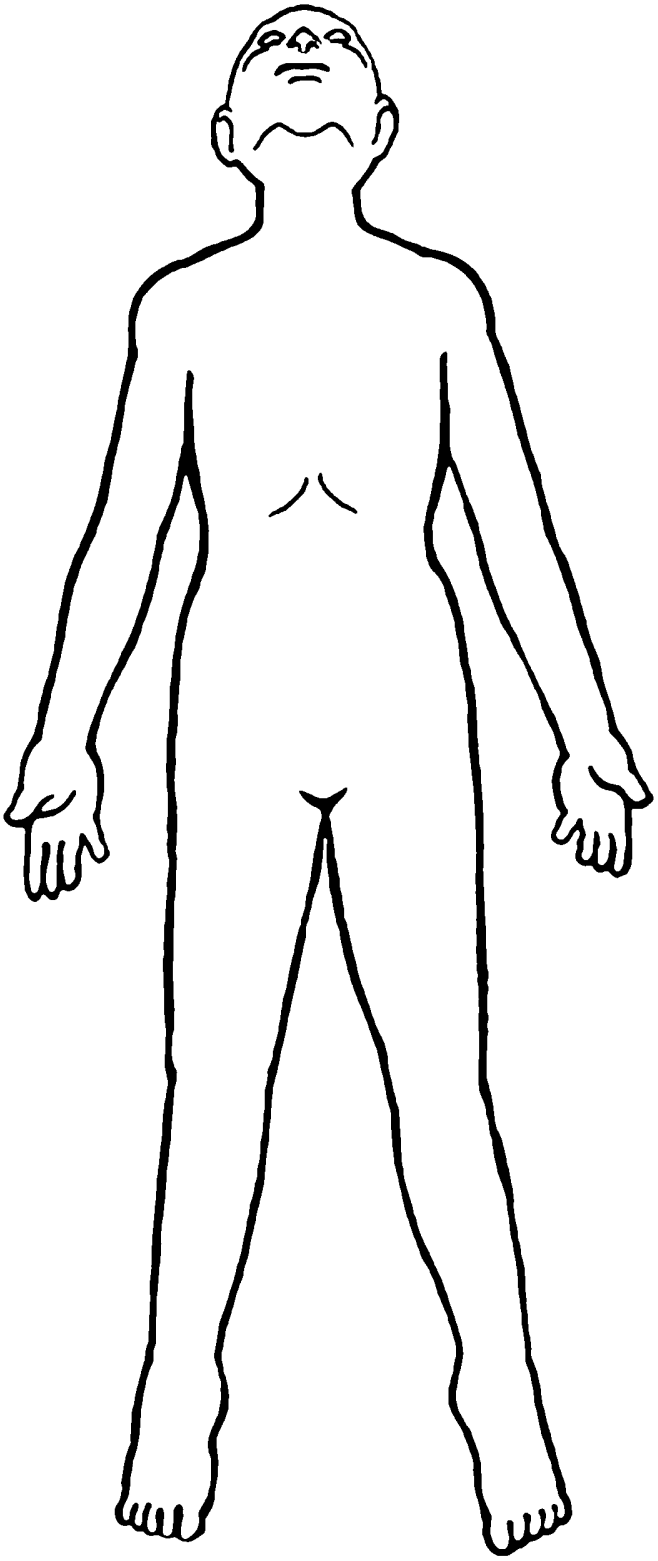
5. If genital injuries are sustained, use copies of page(s) 6 and 7 (if applicable) from OES 930 Forensic Medical Report: Acute (<72 hours) Child/Adolescent Sexual Abuse Examination Form or OES 925 Forensic Medical Report: NonAcute (>72 hours) Child/Adolescent Sexual Abuse Examination to document findings and attach to this form.

## J. GENERAL PHYSICAL EXAMINATION (continued)

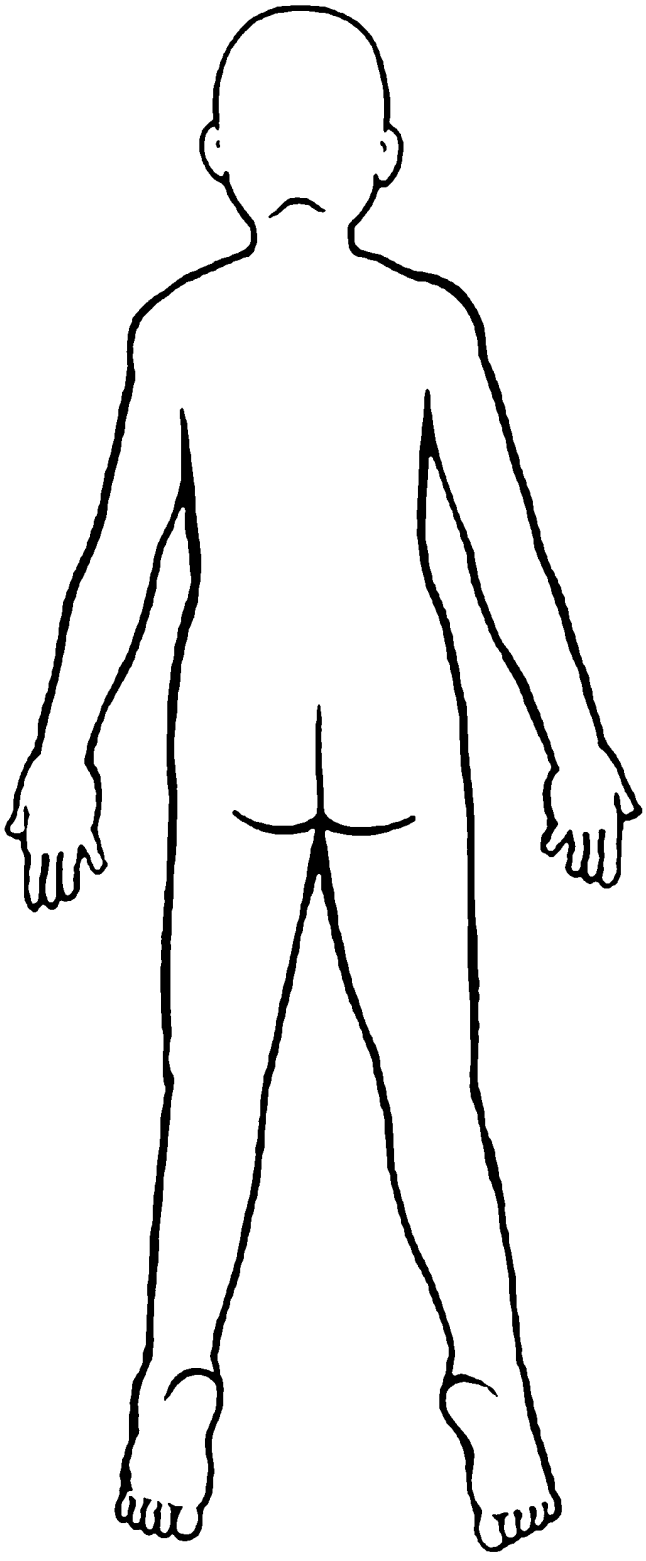
6. Conduct physical examination and record findings using the diagrams.

**Patient Identification:** **Date:**

A



B

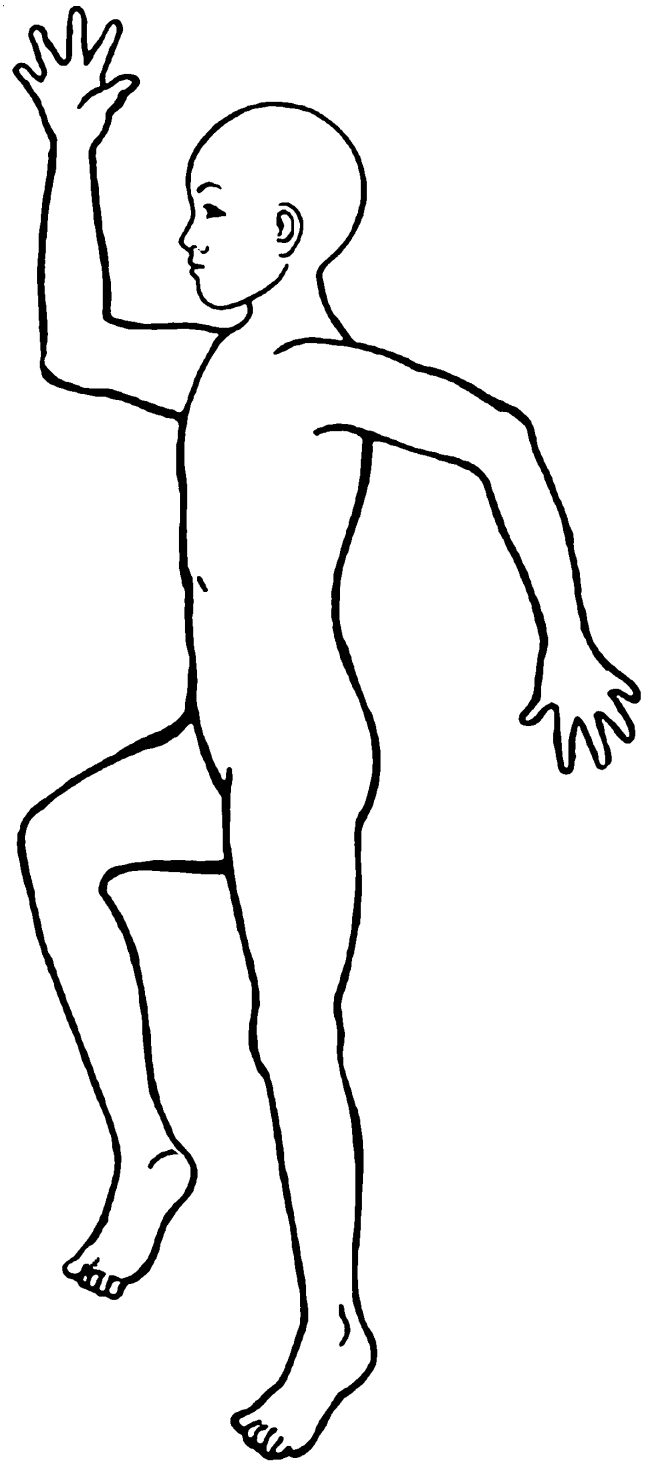


## J. GENERAL PHYSICAL EXAMINATION (continued)

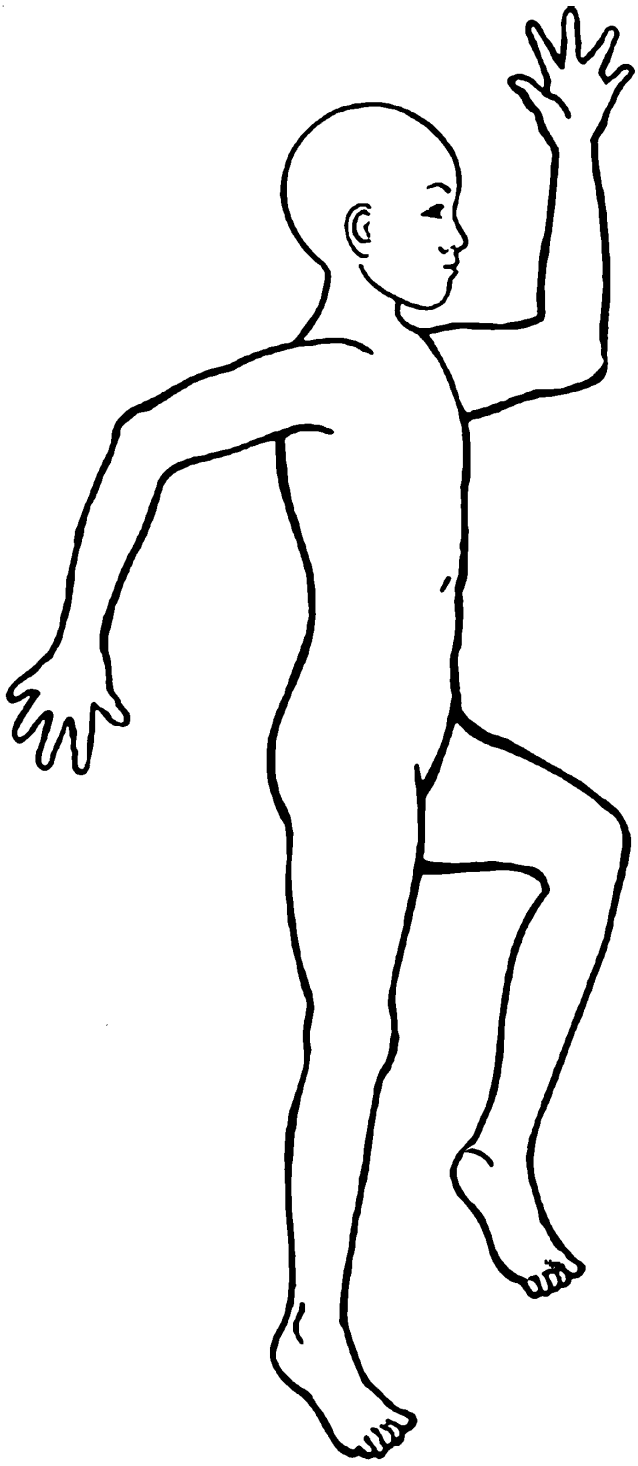
6. Conduct physical examination and record findings using the diagrams.

**Patient Identification:** **Date:**

C



D

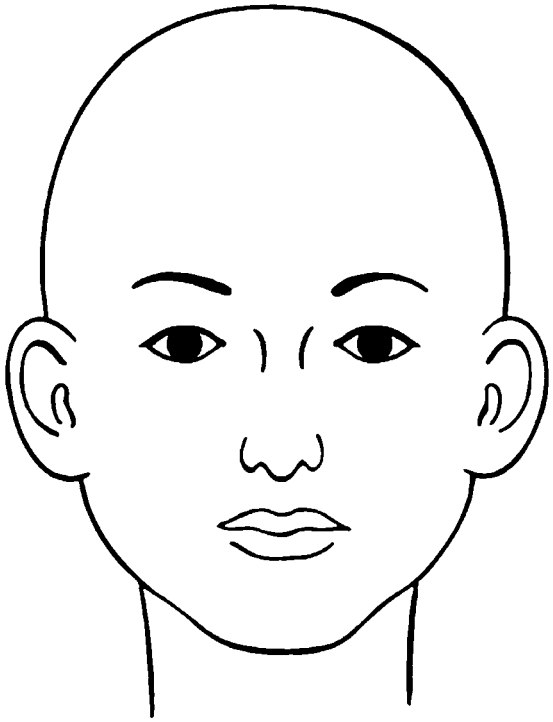


**J. GENERAL PHYSICAL EXAMINATION (continued)**

**7. Examine the face, head, ears, hair, scalp, neck, and mouth for injury. Record findings using the diagrams.**

**Patient Identification:** **Date:**

E



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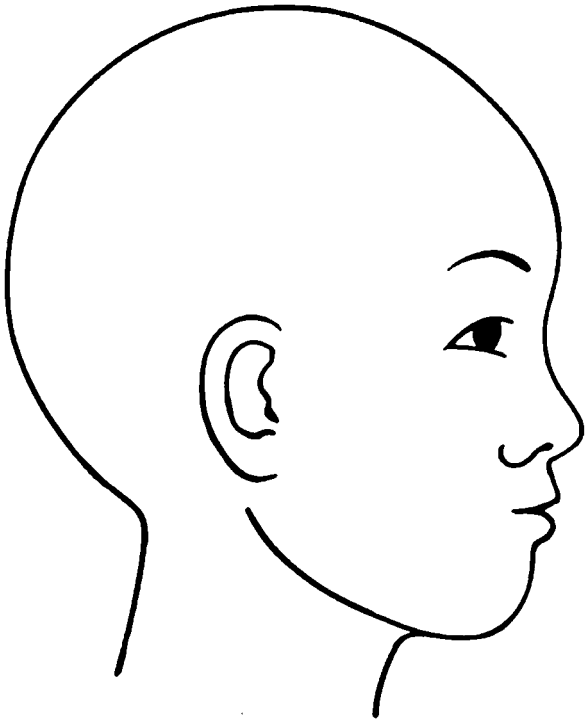
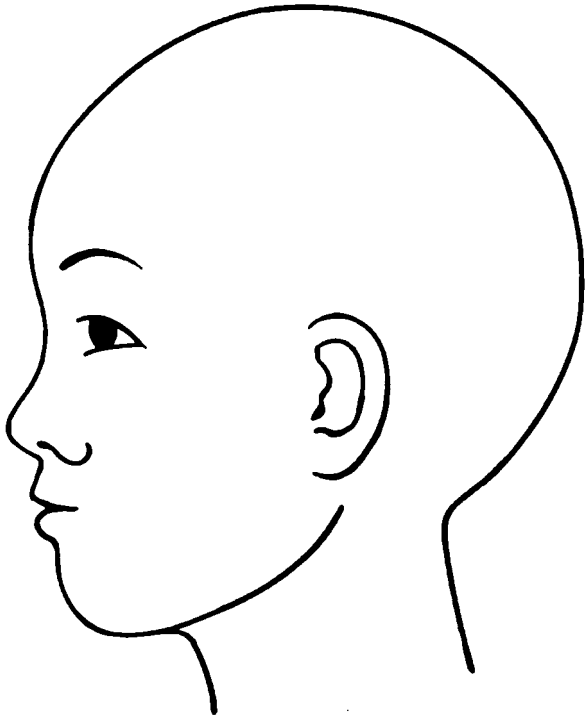


G



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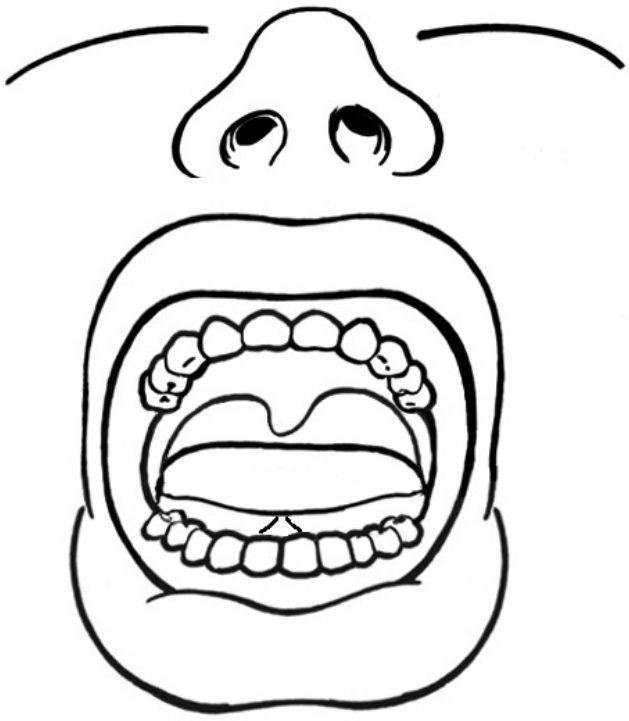

## K. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

**1. Clothing Collected** ☐ No ☐ Yes ☐ N/A

| Clothing Placed in Evidence Kit | Clothing Placed in Paper Bag |
|---|---|
| | |
| | |
| | |
| | |
| | |

**2. Foreign Materials Collected**

| | N/A | No | Yes | Collected by: |
|---|---|---|---|---|
| Swabs/suspected blood | ☐ | ☐ | ☐ | |
| Dried secretions | ☐ | ☐ | ☐ | |
| Fiber/loose hairs | ☐ | ☐ | ☐ | |
| Soil/debris/vegetation | ☐ | ☐ | ☐ | |
| Swabs/suspected saliva | ☐ | ☐ | ☐ | |
| Foreign body | ☐ | ☐ | ☐ | |
| Control swabs | ☐ | ☐ | ☐ | |
| Fingernail scrapings | ☐ | ☐ | ☐ | |
| Matted hair cuttings | ☐ | ☐ | ☐ | |

Other types, describe: _____

## L. TOXICOLOGY SAMPLES

| | N/A | No | Yes | Time | Collected by: |
|---|---|---|---|---|---|
| Blood Alcohol / Toxicology | ☐ | ☐ | ☐ | | |
| Urine Toxicology | ☐ | ☐ | ☐ | | |

## M. REFERENCE SAMPLES

| | N/A | No | Yes | Time | Collected by: |
|---|---|---|---|---|---|
| Blood (lavender top tube) | ☐ | ☐ | ☐ | | |
| Blood card (optional) | ☐ | ☐ | ☐ | | |
| Buccal swabs (optional) | ☐ | ☐ | ☐ | | |
| Saliva swabs | ☐ | ☐ | ☐ | | |

## N. DIAGNOSTIC STUDIES ☐ Refer to dictation

**1. Laboratory:**

| | WNL | ABN | N/A | Pending | Results |
|---|---|---|---|---|---|
| ☐ CBC | ☐ | ☐ | ☐ | ☐ | |
| ☐ Platelets | ☐ | ☐ | ☐ | ☐ | |
| ☐ INR, PTT, PT | ☐ | ☐ | ☐ | ☐ | |
| ☐ SGOT, SGPT | ☐ | ☐ | ☐ | ☐ | |
| ☐ Urinalysis | ☐ | ☐ | ☐ | ☐ | |
| ☐ Toxicology Screen | ☐ | ☐ | ☐ | ☐ | |
| ☐ Other | ☐ | ☐ | ☐ | ☐ | |

**2. Diagnostic Imaging**

| | WNL | ABN | N/A | Preliminary Reading | Final Report |
|---|---|---|---|---|---|
| ☐ Skeletal Survey | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ CT Scan | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ M R I | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ Other | ☐ | ☐ | ☐ | ☐ | ☐ |

Describe:

_____

_____

_____

_____

**3. Exam Performed by Ophthalmologist:**

☐ N/A ☐ No ☐ Yes ☐ Pending ☐ See Medical Record for Report

Name of Ophthalmologist: _____

Photographs Taken By: _____

## O. PHOTO DOCUMENTATION

☐ No ☐ Yes ☐ N/A ☐ Film Retained

☐ Film Released to: _____

Photographs taken by: _____

35mm ☐ Digital ☐ Instant ☐ Other ☐ _____

Recommend follow-up photographs be taken in 1-2 days

☐ No ☐ Yes ☐ N/A

**Patient Identification:** **Date:**

## P. REQUIRED SUMMARY AND INTERPRETATION OF HISTORY, EXAMINATION, AND DIAGNOSTIC STUDIES

**Describe:**

☐ Neglect
☐ Physical abuse
☐ Evaluation suspicious for physical abuse. Further information needed.
☐ Indeterminate cause
☐ Evaluation indicates non-abusive cause of medical findings.

☐ See Additional Dictation Dictation Reference Number:

## Q. DISTRIBUTION OF EVIDENCE

| | Released To |
|---|---|
| Clothing (items not placed in evidence kit) ☐ N/A | |
| Evidence Kit ☐ N/A | |
| Reference samples ☐ N/A | |
| Toxicology samples ☐ N/A | |

## R. PERSONNEL INVOLVED

| | | |
|---|---|---|
| Examination Performed By: (Print) | Signature of Examiner | |
| License No. | Telephone | Date |
| Examination Assisted By: (Print) | Signature | |
| License No. | Telephone | Date |
| Specimen labeled and sealed by: | Signature | |
| License No. | Telephone | Date |

## S. PATIENT DISPOSITION

☐ Admitted ☐ Home ☐ Protective Custody

☐ Follow Up Exam Needed (specify reason): _____