SAN DIEGO SEXUAL ASSAULT RESPONSE TEAM
SART/SANE PROGRAM

ADDENDUM
DRUG-FACILITATED SEXUAL ASSAULT
96-HOUR DRUG HISTORY

The SART nurse will complete this form at the time of the interview based on the patient's history and/or signs/symptoms observed by the examiner.

Please circle: A: Patient History B: Observed A&B: Both

Disturbance of Consciousness	**Memory Impairment**	**Neurological**	**Psychophysiological**	**GI/GU**
☐ Drowsiness A B	☐ Confusion A B	☐ Muscle relaxation A B	☐ Excitability A B	☐ Nausea A B
☐ Sedated✱ A B	☐ Memory Loss A B	☐ Dizziness A B	☐ Aggressive behavior A B	☐ Vomiting A B
☐ Stupor A B	☐	☐ Weakness A B	☐ Sexual stimulation A B	☐ Diarrhea A B
☐ Loss of Consciousness A B	☐	☐ Slurred Speech A B	☐ Loss of inhibitions A B	☐ Incontinence Urine/Feces A B
☐	☐	☐ Paralysis A B	☐ Hallucinations A B	☐
☐	☐	☐ Seizures A B	☐ Dissociation A B	☐
☐	☐	☐ Pupil Size Reaction: _____	☐	☐

How long was the patient unconscious: _____

Date and time of suspected ingestion: _____

Specimen collected: Urine _____ _____ _____ cc's collected _____
Date Time 1st Void
Urine _____ _____ _____ cc's collected _____
Date Time 2nd Void (If needed)
Blood _____ _____ (Grey Top Tube)
Date Time

How many times has the patient voided prior to this collection? _____

How much alcohol did the patient consume? _____

Type of alcohol: _____

✱Name of drugs taken (recreational, prescription or over the counter)	Last dose:
	Date: Time:
	Date: Time:

Has patient vomited? ☐ Yes ☐No Where is specimen? _____

Nurse: _____ Date: _____ Time: _____
Patient Name: _____ Patient ID: _____