

SARC Ref No:

DAC/PLYM _____



Twelves Company

Metropolitan House

37 The Millfields

Plymouth

PL1 3JB

01752 220400

DISCLOSURE FORM

DAC/P1A

To be used by doctor to record
patient's account of the assault

Not Necessary if patient has already
given detailed account to the police

Patient Details

Full Name

DOB

Age:

Unit No:

Guidance Notes

Information should be recorded exactly as the
patient gives it.

Evidence is invalidated by leading questions.
All information must be obtained through
opening questions (i.e.. questions that cannot
be answered with just a yes or no)

Try to identify an early complainant witness i.e.
the first person that patient told about the
assault – may be needed to give evidence in
court

What happened?

When did it happen?

.....
Date (DD/MM/YYYY) Time (HH:MM, 24h)

Who did it?

Where did it happen?

As Patient to be as exact as possible

Any early complaint witness?

Ask Patient to provide full name/address or
phone number.

This form was completed by

.....
Print Full name and Role

.....
Signature

.....
Location that disclosure was made

.....
Date (DD/MM/YYYY)

.....
Time (HH:MM, 24h)

