

**MEDICAL REPORT FORM FOR PROBABLE VICTIMS OF TORTURE AND ILL-TREATMENT**

*This Medical Report Form for Probable Victims of Torture and Ill-Treatment is a modified version of the form recommended by the Department of Health-Philippines, labeled as "Guidelines for Medical Evaluation of Torture & Ill-treatment," which is presented in its Manual of Standards and Guidelines on the Management of the Hospital Emergency Department. The former version is a modification of the guidelines set forth in the Istanbul Protocol-Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of 2004. This new August 2012 version incorporates the reporting requirements of Republic Act No. 9745, or the Anti-Torture Act of 2009, and is characterized by the detailing of certain sections of the Istanbul Protocol in order to make the Form more user-friendly.*

**I. CASE INFORMATION**

Date of exam: \_\_\_\_\_ Place of Exam: \_\_\_\_\_

Referring or requesting person-name, position-agency and contact no. \_\_\_\_\_

Case or Report No. \_\_\_\_\_ Duration of the Evaluation: \_\_\_\_ hours and \_\_\_\_ minutes

Subject's given name: \_\_\_\_\_ Subject's family/middle name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: male/female \_\_\_\_\_

Reason for exam: \_\_\_\_\_ Subject's ID/no. \_\_\_\_\_

Medical Examiner-name, position, agency: \_\_\_\_\_

Informant/interpreter, if any-name, relation to subject, contact no. \_\_\_\_\_

Companion of Subject-name, position, agency: \_\_\_\_\_

Nearest live next-of-kin-name, relation and contact number: \_\_\_\_\_

Other persons present during exam-name, position, agency: \_\_\_\_\_

Subject restrained during exam, yes/no; if yes, how and why? \_\_\_\_\_

Medical report to be transferred/submitted to-name, position, ID: \_\_\_\_\_

Transfer date: \_\_\_\_\_ Transfer time: \_\_\_\_\_

Medical evaluation / investigation conducted without restriction (for subjects in custody): yes/no \_\_\_\_\_

Provide details of restriction/s, if any: \_\_\_\_\_

**II. BACKGROUND INFORMATION**

General information on the Subject:

Age: \_\_\_\_ Occupation: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Highest Education: \_\_\_\_\_

Past medical history: (allergies, current medications, past surgeries, OB history, alcohol/tobacco habits, common diseases in the family, etc.) \_\_\_\_\_

Past medical evaluations of torture and ill-treatment: (according to patient/record) \_\_\_\_\_

Psychosocial history, pre-arrest or pre-torture: (current symptoms, personal history of psychological disorder, family history of psychological disorder) \_\_\_\_\_

Date of Examination/Evaluation: \_\_\_\_\_ Name of Medical Examiner: \_\_\_\_\_

**III. ALLEGATIONS OF TORTURE, PHYSICAL INJURY & ILL-TREATMENT**

1. Summary of Detention and Abuse

a. Circumstances of arrest and detention

- i. Date, time and place of first arrest \_\_\_\_\_
- ii. Alleged reason for warrant of arrest or detention \_\_\_\_\_
- iii. Activities of subject prior and during the arrest \_\_\_\_\_
- iv. Names, aliases, positions and description of perpetrator of torture or ill-treatment \_\_\_\_\_

b. Initial and subsequent places of detention chronology, transportation and detention conditions:

Date/Time	Transportation	Detention Conditions
_____	_____	_____
_____	_____	_____

c. Narrative account of ill-treatment or torture (in each place) : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Review of torture methods: \_\_\_\_\_  
\_\_\_\_\_

**IV. PHYSICAL SYMPTOMS AND DISABILITIES**

- 1. General appearance: \_\_\_\_\_
- 2. Skin: \_\_\_\_\_
- 3. Face and head: \_\_\_\_\_
- 4. Eyes, ears, nose and throat: \_\_\_\_\_
- 5. Oral cavity and teeth: \_\_\_\_\_
- 6. Chest and abdomen, including vital signs: \_\_\_\_\_
- 7. Genito-urinary system: \_\_\_\_\_
- 8. Anal region: \_\_\_\_\_
- 9. Musculoskeletal system: \_\_\_\_\_
- 10. Central and peripheral nervous system: \_\_\_\_\_

(See attached drawings.)

**V. PSYCHOLOGICAL HISTORY / EXAMINATION**

1. Methods of Assessment

- a. Current psychological complaints: \_\_\_\_\_
- b. History of present psychological illness: \_\_\_\_\_
- c. Past psychological/psychiatric history: \_\_\_\_\_
- d. Social case history (anamnesis)
  - i. Prenatal: \_\_\_\_\_
  - ii. Childhood: \_\_\_\_\_

Date of Examination/Evaluation: \_\_\_\_\_ Name of Medical Examiner: \_\_\_\_\_

- iii. Puberty/adolescence: \_\_\_\_\_
- iv. Adulthood: \_\_\_\_\_
- v. Drug, alcohol & other substances: \_\_\_\_\_
- vi. Occupational: \_\_\_\_\_
- vii. Legal: \_\_\_\_\_
- viii. Current living conditions \_\_\_\_\_

2. Mental Status Examination

- a. General appearance: \_\_\_\_\_
- b. Attitude: \_\_\_\_\_
- c. Behavior: \_\_\_\_\_
- d. Mood and Affect: \_\_\_\_\_
- e. Speech: \_\_\_\_\_
- f. Perceptual/conceptual disturbance (hallucination/delusion): \_\_\_\_\_
- g. Thought content (flight of ideas, looseness of association, perseveration, etc.): \_\_\_\_\_  
\_\_\_\_\_
- h. Sensorium and cognition (as to time, place, person and memory): \_\_\_\_\_  
\_\_\_\_\_
- i. Judgment and insight (Ask to interpret meaning of proverbs like, “Aanhin pa ang damo kung patay na kabayo?” or other common sayings.): \_\_\_\_\_  
\_\_\_\_\_

3. Neuropsychological Testing (recommend need or not for further neuropsychological testing):

Yes \_\_\_\_\_ No \_\_\_\_\_

VI. **PHOTOGRAPHS** (Indicate if there are and how many printed photographs that are ready to be attached.)

VII. **DIAGNOSTIC TEST RESULTS** (Enumerate/list diagnostic test results that are attached to the report, if any.)

VIII. **CONSULTATIONS** (Describe type/s and frequency of medical consultations the client has been referred to and undergone at the time of the report.)

IX. **INTERPRETATION OF FINDINGS** (Correlate psychological findings with the report of alleged torture and reactions to stress with the cultural and social context. Estimate what stage of psychological distress the client is experiencing. Identify co-existing stressors. Mention physical conditions that may contribute to the psychological symptoms, e.g. head trauma.)

X. **CONCLUSIONS AND RECOMMENDATIONS** (State opinion on consistency between findings and allegations of torture and/or ill-treatment.)

XI. **STATEMENT OF RESTRICTIONS ON THE MEDICAL EVALUATION / INVESTIGATION** (Describe, if any.)

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Date of Examination/Evaluation: \_\_\_\_\_ Name of Medical Examiner: \_\_\_\_\_