



How to write medical reports  
Anne's guidance & tips...  
there are no "rules"

# For today's presentation



1. Simple Report for Police
2. Interim report – when Child Abuse is suspected
3. Complex report for child protection services and children's court

# Know your audience



For whom?

How will it be used?

Who owns it?

What qualifiers and protection is required?

Differing format for

1. Criminal justice  
(police report)
2. Expert opinion
3. Child Protection
4. Victims of Crime Comp
5. Family Court
6. Coroners Court
7. Medical Board hearing



# When writing medico-legal reports

## Ask yourself

What is the purpose?

How should it be structured?

What information must be in it

What information might be in it?

How should it be worded?

What are the important “do”s and “don’t”s?



# “Styles” & “formats” of medical reports



Styles and formats differ across jurisdictions and according to report purpose  
There is no agreed style or template for the following reports

- Simple medical report for police/criminal court
- Interim medical report re suspected child abuse
- Complex medical report for child protection services, Children’s Court, Family Court
- Report based on interpretation of images, CCTV or test results – see VFPMS guideline / website
  
- Case file review – eg injury evaluation, Factitious or Induced illness, Medical Neglect, child death
- Review of case for second opinion
- Expert (Forensic) Opinion
- Victims of Crime Compensation



# Acknowledgement of Code of Conduct

In Victoria include as follows (note, modify “he” to “she” if you are female)

## **EXPERT WITNESS CODE OF CONDUCT**

This report has been prepared in accordance with the **Practice Direction for Expert Evidence in Criminal Trials** as approved by the judges of the Supreme Court and of the County Court of Victoria. The author acknowledges that he has read this code and agrees to be bound by it.

The author declares that, at the time of preparation of this report, he has made all the inquiries and considered all the issues which the author believes are desirable and appropriate, and that no matters of significance which the author regards as relevant have, to the knowledge of the author, been withheld.

The opinion expressed is based on the sources of information listed in this report. Should, however, additional information become available that might have a bearing on the author’s conclusions, the author retains the right to modify the opinion expressed.

# Medical Reports must be



Fit for purpose

Informative (relevant information/opinion)

**Able to be read & interpreted by non-medical people**

Impressive – create a positive impression of the author and their employer

- not reflect badly on the author – formatting and presentation matter because they indicate care and professionalism (or lack thereof) of the author

Succinct but comprehensive

# Remember



Good documentation = Good

Poor documentation = Bad

No documentation = Catastrophic!

A good description of findings is essential

Advice and assistance is available



# Proformas are available for use.



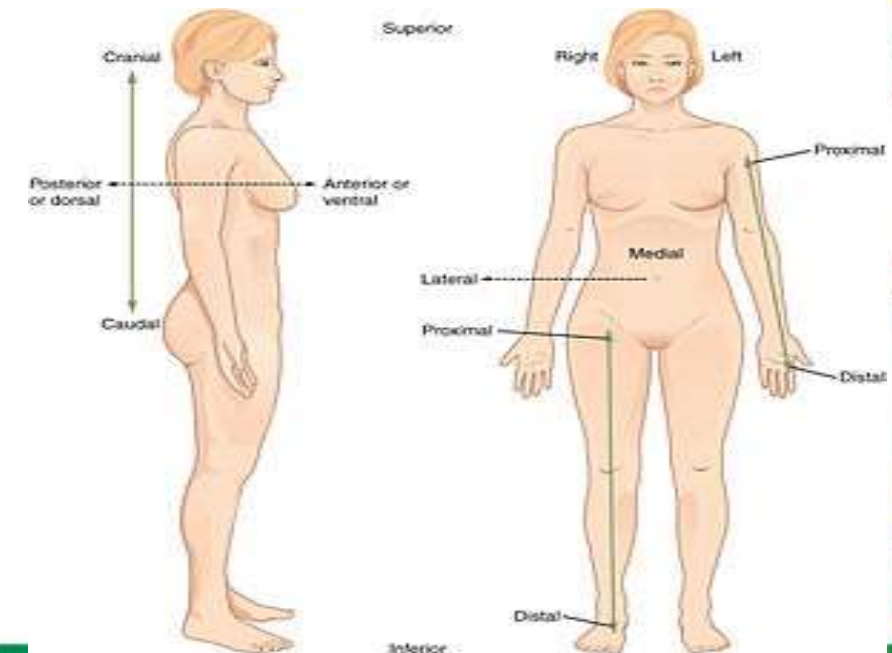
The VFPMS proformas are available on the VFPMS website. Use them.

Diagrams – There are diagrams for three sizes of children; infants, children and adolescents.

Print off relevant pages to document the injuries using body diagrams.

Detail your description of injuries according to :-

- site (reference body landmarks, standard anatomical position of the body, cm from a joint)
- size (use one measurement – either cm or mm and remain constant)
- shape
- surrounds
- surface
- edge (margins)
- colour
- contour
- contents
- pattern
- swelling
- blanch / stretch/ movement
- tenderness / pain on movement
- discharge / fluid / debris



# Description: skin



- Information re lighting and position
- Fitzpatrick scale skin type - pigmentation
- Reference to the body in the standard anatomical position
- Reference to body landmarks
- Have a system!
  - Head (face and scalp) + ears + neck
  - Torso – front + back + genitals
  - R arm + L arm
  - R leg + L leg
- Use consistent measurement scale (cm vs mm)
- Use same style
  - Location + classification +size + colour + shape....



# Number the injuries for ease of reference later...

## 1. Head and neck

- 1a) on the left side of X's forehead, just below the hairline of his L temple, was a yellow-green discolouration with features of a bruise measuring 3cm (vertical) x 2.2cm (horiz)
- 1b) on the left cheek approx 1 cm lateral to the left alar cartilage of his nose was a horizontally oriented, firmly adherent dry black-brown scab measuring 0.2cm x 1.6cm. The surrounding skin was slightly reddened extending 0.1-0.2 cm from the scab in all directions.
- 1c) on the tip of the R outer helix was a red-purple bruise. Within this 0.4cm x 2.1cm bruise were 4 small red pinpoint sized bruises (petechiae). This area was subjectively tender.
- .....
- eg
- Left leg - below the knee over the anterior and lateral shin were approximately 10 to 15 small scattered bruises of varying sizes and colours ranging from pale grey-blue to brown.  
None of the bruises were green or yellow.

# REPORT WRITING – reminder

## FORENSIC OPINION SECTION



The key question to address is, “Has this child been assaulted/abused?”.

The opinion section should enable the reader to clearly understand your thoughts about this, even if your answer is “maybe”, “the cause is undetermined” or “I don’t know”.

Comments about probability are appropriate.

Comments about someone’s guilt or lack of guilt are entirely inappropriate.

### NOTE

The opinion section should answer the following questions:-

- What is the story?
- Is the child injured?
- What are the injuries?
- What else (physical damage) might be injured? Harmed?
- How did it happen? (**Mechanism**)
- What **forces** were/might have been involved?
- When did it happen? (**Timing** of all injuries?)
- What consequences might result?
- How do the findings and the story “match up”?
- What are ALL the possible differential diagnoses, and how are they weighted?
- **Overall probability of assault** versus accident versus other cause for findings.(if you can)

# Ensure that the Medical Report



- (a) is clearly expressed and not argumentative in tone;
- (b) is centrally concerned to express an opinion, upon a clearly defined question or questions, based on the expert's specialised knowledge;
- (c) identifies with precision the factual premises upon which the opinion is based;
- (d) explains the process of reasoning by which the expert reached the opinion expressed in the report;
- (e) is confined to the area or areas of the experts specialised knowledge; and
- (f) identifies any pre-existing relationship between the author of the report, or his or her company etc, and a party to the litigation (eg a treating medical practitioner).

# Separate the following:



## Facts

- Those things that are known to be true

## Circumstantial evidence

- Those things that might influence opinion about the likelihood that a proposition is true

## Speculation

- Imagine a scenario (Probably best avoided)

## Opinion

- Evaluation of likelihood that a proposition is true

## References

- evidence base



The simple report (eg for police)  
Bare bones...exam findings + opinion re cause & timing  
(and other relevant things re crime...)



Helen Louise Parker. Writing a Police Statement

**Smithtown Family Clinic**  
**1 Parkside Way**  
**Smithtown 3006**  
**Ph 9684 4480**  
**Fax 9684 4481**

3rd February 2004

Detective Senior Constable Plodd  
Smithtown Criminal Investigation Unit  
122 Smith's Road  
Smithtown 3006

Re: Mr John Smith DOB: 13th January 1970

I, Mary Nicole Brown of the Smithtown Family Clinic, 1 Parkside Way Smithtown

**Hereby state that:**

I am a medical practitioner registered in the state of Victoria.

I hold the qualifications of Bachelor of Medicine and Bachelor of Surgery conferred in 1988, and Fellowship of the Royal Australian College of General Practitioners conferred in 1996. I have worked in the capacity of a general practitioner in both rural and metropolitan practice since 1992.





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## Background

I have received a request from Detective Plodd to detail the injuries received by Mr Smith as a result of an alleged assault on him on Saturday 12th January 2004. In particular he has asked whether Mr Smith's head wound could have 'resulted from being struck with a baseball bat or could have occurred when he fell to the pavement'. I examined Mr Smith at this clinic on Tuesday 15th January 2004, 3 days after he was allegedly assaulted, and again on Monday 21st January 2004 to remove his sutures. I have been provided with a signed consent form from Mr Smith for the release of this report to police.

This report has been prepared from:

- my clinical notes made at the time of the examination
- a letter from the Smithtown Hospital Emergency Department.



## Background

I have received a request from Detective Plodd to detail the injuries received by Mr Smith as a result of an alleged assault on him on Saturday 12th January 2004. In particular he has asked whether Mr Smith's head wound could have 'resulted from being struck with a baseball bat or could have occurred when he fell to the pavement'. I examined Mr Smith at this clinic on Tuesday 15th January 2004, 3 days after he was allegedly assaulted, and again on Monday 21st January 2004 to remove his sutures. I have been provided with a signed consent form from Mr Smith for the release of this report to police.

**This report has been prepared from:**

- my clinical notes made at the time of the examination
- a letter from the Smithtown Hospital Emergency Department.

## History



Mr Smith told me that he had been assaulted on the previous Saturday night (ie. 3 days before the consultation). He said he was unable to recall much of what had occurred as he had consumed a considerable amount of alcohol. He stated the following to me:

- he was in a queue outside a nightclub and was shoved from behind
- he turned around and verbally abused the male standing behind him and that male punched him in the face
- he recalled being on the ground and thinks he was struck on the head with a baseball bat
- he was taken to hospital by ambulance.

The letter from the hospital indicated a wound on his scalp was sutured.

Mr Smith attended here requesting review and documentation of his injuries, and a medical certificate for work.

There is no past medical history of relevance to this allegation.

## Symptoms of recent injury

Mr Smith complained of headaches and indicated his injuries to me.

## Opinion



In summary, Mr Smith is a 34 year old man whom I examined 3 days following an incident in which he was allegedly punched to the face and possibly struck with a baseball bat. He had evidence of a black eye and a sutured wound on the back of his scalp. With respect to the findings I am of the opinion that:

### 1. The bruise around the eye is the result of blunt force trauma:

- blunt trauma may result from a blow or forceful contact with an object
- it is impossible to accurately age a bruise, however that observed could have occurred within the time frame of the alleged incident
- it is not possible to state more precisely the cause of this bruising around the eye. It may have resulted from a punch, however other mechanisms are possible
- this injury should fully resolve leaving no permanent sequelae, however, a blow to the eye has the potential to result in permanent serious visual impairment.



## Opinion

2. The sutured wound had the appearance of a laceration, due to the application of blunt trauma to the region causing the skin to split:
- it had the appearance of a relatively recent wound and could have occurred within the time frame of the incident
  - it is not possible to state more precisely the exact cause of this wound, and in particular I am unable to differentiate between a fall onto the pavement versus a blow with a baseball bat as the cause. The doctor who initially treated Mr Smith and sutured his wound may be able to assist you further with this inquiry
  - this wound should heal, leaving a scar that will be barely visible under the hair.

Dr Mary Nicole Brown

MBBS, FRACGP



## History



Mr Smith told me that he had been assaulted on the previous Saturday night (ie. 3 days before the consultation). He said he was unable to recall much of what had occurred as he had consumed a considerable amount of alcohol. He stated the following to me:

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Dr Mary Nicole Brown

MBBS, FRACGP



I hereby acknowledge that this statement is true and correct and I make it in the belief that a person making a false statement in the circumstances is liable to the penalties of perjury.

Mary N Brown

Acknowledgement taken and signature witnessed by me at 3 pm,  
On 6th February 2004 at Smithtown

Signature P Plodd \_\_\_\_\_

Name Peter Plodd \_\_\_\_\_

Rank/No D/S/C 31268 \_\_\_\_\_



Interim medical report  
**SUSPICION & PROVISIONAL OPINION**

# Interim Report – see VFPMS template



## Reason for Medical Assessment

Brief chronology (potted story)

- On ... (date) ... (name of referrer) requested that I examine (child's name) because .... (reason for referral)

or

- ... (name) was admitted to ... (hospital) on ... (date) because ... (presenting story, symptoms and signs).
- He/she was subsequently found to have ... (results of examination and investigations – list as dot points)

# Interim Report



## **Medical Investigations have identified**

- Definite findings (list)
- Possible findings (uncertain) or findings that might indicate/suggest a non-accidental cause
- Relevant negatives (summary only)
- Results of .... tests are not yet available

# Interim Report



## Limitations to opinion

At this time, the forensic evaluation of injury and medical assessment of risk of harm has not been completed.

The forensic opinion provided below is subject to change as additional information becomes available.

It should be noted that this opinion may be subject to highly significant change depending on the results of tests, additional examination and information yet to be collected.



# Interim Report



## PROVISIONAL OPINION

Significant concerns have arisen to suggest that (name) (has/might have) experienced injury as a result of non-accidental trauma. Medical investigations are underway to determine if there is an alternative explanation and/or medical cause to account for his/her examination findings and results of investigations.

It currently seems (insert one of the options below) that (what ever you opine)

### OPTIONS

- Almost certain ...
- Highly likely .. probable
- Likely
- Has not been determined
- Unlikely
- Highly unlikely
- Almost certainly not ...

Or.. It is possible but unlikely

# Interim Report



## Additional phrases to consider using

Was caused by ...

Is the result of ..... Resulted from....

at least some of his/her examination findings have been caused by ...

his/ her (finding/injury) is the result of non-accidental trauma

has been caused by a combination of trauma and preexisting medical condition

has been caused by accidental trauma

Additional factors to consider include ...

has not been determined

is not yet known

information about ... has not been provided



# Report for CHILD PROTECTION & CHILDREN'S COURT

# See template on VFPMS website with tips under each heading



- The best way to learn this is to do it!
- Good report writing takes time.
  - (More than you might wish...)
- Seek advice before you start and always subject your reports to peer review



A great children's hospital, leading the way

## Victorian Forensic Paediatric Medical Service

RCH > Division of Medicine > VFPMS > VFPMS tools and templates

### In this section

- About us
- How to refer
- Rural and regional
- Training and education
- Guidelines
- VFPMS tools and templates**
- Members area
- Contacts us



## VFPMS tools and templates

### Proformas

- [VFPMS record of forensic evaluation \(PDF\)](#)
- [VFPMS vulnerable child assessment \(PDF\)](#)
- Body diagrams
  - [Baby body diagram](#)
  - [Child body diagram](#)
  - [Adolescent body diagram](#)
  - [Female genital diagram](#)
  - [Male genital diagram](#)

### Brochures

- [VFPMS general information brochure](#)
- [VFPMS physical injury brochure](#)

### Medical reports

- [Medical report format template \(.doc, .pdf\)](#)
- [Interim medical report template - inpatient](#)
- [Report template for image assessment](#)
- [How to prepare a medico-legal report for VFPMS](#)
- [Expert witness code of conduct](#)



# Opinion = clear heading



Summarise allegations

Summarise examination findings

How the 2 relate to each other

What you believe is the most likely cause for the child's condition      WHY?

Other conditions to consider

Why they are or are not likely to be the cause of the child's condition

+/- References

# ALWAYS: THE 4 KEY OPINIONS



## 1. Cause

Mechanism / forces  
Circumstances

## 2. Timing

## 3. Consequences

Life threatening? Medical, surgical and psychological care?  
Functional disability

## 4. Statement: Is this child abuse /neglect?

Yes / No / Not determined  
The evidence that supports this opinion

# Recommendations



This is REALLY important & must be carefully considered

Recommend action

- For improved safety and well being of this child
- For improved safety and well being of siblings

Intervention from Health professionals

Intervention from Child Protection

Intervention from Vic Police

Intervention from health services

Intervention from community based agencies Parenting assessments,  
psychological evaluation of parent(s)

Services/ for parents / carers

Other (including psychological interventions / counselling)



# Medical Reports about Children



## DOUBLE CHECK

Limitations to your opinion

Qualifiers

If this... then that...

Jurat

Evidence on which your opinion is based

- References?

Limit / permit the use or distribution?  
(court documents are public records)

CHECK IT for

- Typing errors
- Grammatical errors, sloppy language, imprecise language, misleading language
- Errors of fact
- Errors of judgement
- Opinion = accurate and complete

Sign it (& date)

Send it (cc to all the relevant professionals)

Record in child's record when report sent & to whom



# Anne's TIPS for writing medical reports regarding suspected child abuse and neglect

# Good time management



- “Ostrich behaviour” = Avoidance
- Don’t procrastinate
- Don’t delay between consultation and report writing
- Do produce report in timely fashion – so it can be used!



**JUST DO IT!**

# Don't promise to deliver then fail to do so



- Don't promise police or child protection practitioners to deliver a report to them by a certain date unless you are very certain that you can keep your promise.
- Don't make repeated flimsy excuses for failing to deliver

**Keep your promises**

# Gain sufficient knowledge / do your research



- Ensure you have basic medical knowledge
- Ensure you have background information regarding case
- Make sufficient effort to obtain important (required) information from others (especially professionals)
- Make sufficient effort to read current literature

**Know your stuff!**



# Be a good partner with other professionals when

- Information gathering
- Information sharing
- Reporting to Child Protection / Referring to Child FIRST
- NB: Ensure you have appropriate consent

**Talk to the right people**

# DON'T GET IT WRONG



- Consult with others.
- Peer review and peer discussions = good
- Ask experts
- Review the literature

Get it RIGHT

# Don't failure to list sources of information



- List ALL sources of information
- Indicate when information was NOT obtained from a potentially important source
  - “I have not spoken with XXX, the subject’s stepfather”
- Quote other consultants when their opinion forms the basis for your opinion
  - Eg., Radiologists, Ophthalmologists

List all sources



# Tolerance of imprecision & “woolly thinking” – others and yours



- “a while ago”
- “in the past” & “ages ago”
- “the family” - as in “the family believe that....”
- “the mother” rather than “her mother”

Don't refer to every story as “an allegation” or “history”

**Be Precise**

# Bias and Prejudice



A HUGE topic in itself!

- NB: Act to minimise confirmatory bias

Beware the tendency to act as advocate – especially as a MOTHER's advocate in a parental dispute.

**MINIMISE BIAS**

# Don't lack logic



- Reasoning should be demonstrated within the report
  - Especially deductive reasoning.

Eg., She alleged that X hurt Y

Y's findings were A and B

A is .... Definition and cause.

B is ... Definition and cause

Therefore it is reasonable to conclude that .....

**Demonstrate  
good logic**



# Don't fail to consider all other reasonable explanations

- Merely considering the supplied explanation as a possible cause for child's injury may not be thorough enough in a forensic context.

Consider all reasonable possibilities

# Sloppy language



- Sloppy use of grammar and poor sentence construction creates a negative impression of the author
- Medical jargon can confuse and annoy
- Medical “short-cuts” can obfuscate, confuse & irritate
  - Eg., “mental health issues”, “drug and alcohol problems”

Value “good English”

# Gutlessness & cowardice versus arrogance or “a crusade”



- Don't be too meek and forgiving (ie don't turn a blind eye to abuse and neglect / don't look the other way)
- Don't be arrogant / refuse to consider other's viewpoints
- Don't mount a crusade that might blind you to reason

Be as **CONFIDENT** as you can be,  
but no more

# References to published literature



- Don't reference literature that you don't understand
  - You could be asked about it in court
- Don't reference old outdated literature / obscure journals – it might be better to reference a text book if needed in a particular case

Reference literature cautiously and wisely