

Date: ___/___/_____

Assessment: Initial/ On-going

Completed by:

How do I know if my female adult patient has undergone Female Genital Mutilation/Cutting (FGM/C)?

QUESTIONS FOR YOU THE HEALTH CARE PROVIDER

	Yes	No	Maybe	Observations
Is patient from a community* that traditionally practices FGM/C?				
Patient or partner/family requesting re-infibulation after childbirth?				

QUESTIONS TO ASK PATIENT

	Yes	No	Maybe	Observations
Were you cut as a child? Would you like to tell me about your experience?				
Have any of your family members been cut?				
Do you experience pain during sexual intercourse, urination, or menstruation?				
Has your daughter already been cut?				

*Benin, **Burkina Faso**, Cameroon, Central African Republic, Chad, Cote d'Ivoire, **Djibouti**, **Egypt**, **Eritrea**, **Ethiopia**, **Gambia**, Ghana, **Guinea**, Guinea-Bissau, Kenya, Liberia, **Mali**, **Mauritania**, Niger, Nigeria, Senegal, **Sierra Leone**, **Somalia**, **North Sudan**, Togo, Uganda, United Republic of Tanzania, Yemen. **Bolded countries have a prevalence of over 70%.**

Patients rarely come in to see a doctor specifically about Female Genital Mutilation or Cutting. If you find your patient has side effects associated with FGM/C, discuss a care plan. Helping a patient overcome feelings of shame or embarrassment is essential to getting her to continue seeing a healthcare provider.

- DO use words the patient is familiar with like 'cutting' or 'circumcision'.
- DO NOT use the word 'mutilation'.
- If a physical exam is necessary, explain the reasons for the exam and exactly what will happen during the exam.
- Strictly limit medical personnel in the exam room to those absolutely necessary to increase patient privacy.
- DO NOT allow family members to translate/interpret during health visits. Use a professional translation/interpretation service instead.
- DO NOT react with shock, disgust or anger when examining the patient.
- DO record all findings in the patient's medical notes so the patient doesn't have to discuss it again with a different provider in the same practice.
- DO discuss de-infibulation early on if the patient has Type III FGM/C and if necessary for patient's treatment.
- DO develop an FGM/C care plan that the patient is comfortable with.
- For pregnant patients, discuss possible risks and complications from FGM/C.
- Women with FGM/C are at greater risk of anxiety, depression, and post-traumatic stress disorder.

This risk assessment form has been adapted from [UK](#) and [Australian](#) government risk assessment tools.