

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) SCREENING

OTSG APPROVED (Date)

6 March 1997

1. EFMP Enrollment is Warranted Not Warranted Underway Completed

2. Plan:

**CDR, USAMEDDAC
ATTN MCXR-PM-C
2480 LLEWELLYN AVENUE
FORT MEADE MD 20755-5800**

No further EFMP follow up is required.

Refer patient to the EFMP program manager as soon as possible to initiate EFMP enrollment procedure.

Other: _____

3. Additional Remarks/Comments:

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL FLOW CHART
- OTHER EXAMINATION OR EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES ALLERGIES (Specify)
- TREATMENT