

**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) ORIENTATION**

OTSG APPROVED (Date)

1. Subjective.

Sponsor was briefed during Start-Right on \_\_\_\_\_, with an overview of the EFMP, the benefits of early enrollment prior to OCONUS screening, the criteria for enrollment, and the points of contact for enrollment at Fort George G. Meade. Enrollment is mandatory under the provisions of AR 608-75, AFI 40-301, and BUMEDINST 1300.2.

2. Objective.

The sponsor completed DA Form 7246-R, Exceptional Family Member Program Screening Questionnaire.

3. Assessment.

Review of DA Form 7246-R completed by the sponsor indicates the following: (select all that apply.)

- Sponsor denies having any DEERS eligible family members.
- Enrollment in EFMP is *not warranted*.
- Further evaluation is *warranted*.
- Sponsor states that he or she is already enrolled in EFMP. Please verify status.
- Enrollment in EFMP is *warranted*. Please assist with enrollment.

4. Plan. (Select only one of the following responses.)

- No further follow up by this office at this time.
- Refer to the Navy Fleet and Family Service Center EFMP point of contact.
- Refer to the Family Advocacy Program, EFMP, Andrews Air Force Base.
- Other: \_\_\_\_\_

(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)

Name:

DOB:

FMP/SSN:

Gender:

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