(See DD Form 2005 for Privacy Act Statement)

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 FOR FAMILY MEMBER PERMANENT CHANGE OF STATION**	OTSG APPROVED *(Date)*

PART I - SUBJECTIVE

1. Request family member screening for travel to		2. Referred by
3. Tricare prime at ☐ KACC ☐ WRAMC ☐ MGMC ☐ NNMC ☐ USFHP ☐ Other:		
4. Medication allergies		
5. Current prescribed medications, over-the-counter medications, herbals, and dietary supplements		
6. Pain level (0-10)	7. Pain location (If answer to item 5 is >0.)	8. Cultural/religious needs

PART II - OBJECTIVE

9. DA Form 7246-R (Exceptional Family Member Program Screening Questionnaire) was completed and reviewed. ☐ Yes ☐ No	
10. Medical records were reviewed. ☐ Yes ☐ No	11. Physical exam or assesment is current. ☐ Yes ☐ No
12. Passed developmental screening. ☐ Yes ☐ No ☐ N/A	13. Immunizations are up to date. ☐ Yes ☐ No ☐ Records unavailable
14. Advance medical directives were addressed. ☐ Yes ☐ No ☐ N/A (if addressed during previous visit)	
15. Significant medical and/or educational findings	

(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 ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

PART II - OBJECTIVE (Continued)

15. Significant medical and/or educational findings (continued):

PART III - ASSESSMENT (item 16)

Assessment *(select one)*

☐ EFMP enrollment is not warranted at this time.

☐ There is insufficient data to make a determination at this time.

☐ Current EFMP enrollment is up to date for: _____

☐ EFMP enrollment consideration is warranted for:

PART IV - PLAN / INTERVENTION

17. Disposition *(select one of the following)*

☐ Screening form forwarded for physician's signature.

☐ Screening form forwarded for physician's signature; enrollment sent for coding.

☐ Return with the following item(s): *(within this selection, select all items that apply)*
- ☐ Current physical
- ☐ Medical records
- ☐ Completed EFMP enrollments forms
- ☐ Individualized Education Program
- ☐ Individualized Family Services Plan
- ☐ Authenticated screening form
- ☐ Other: _____

☐ Other:

18. Synopsis of discussion

a. Discussed the status of the OCONUS or remote location screening and EFMP as appropriate. ☐ Yes ☐ No

b. Educational literature-- ☐ was provided ☐ was not provided ☐ was not applicable in this case

c. Verbalized understanding of the information and agrees with the plan of care. ☐ Yes ☐ No

Printed name of screener	Signature of screener	Date