

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

OTSG APPROVED (Date)

MENTAL HEALTH QUESTIONNAIRE (EXCEPTIONAL FAMILY MEMBER PROGRAM)

1. Multiaxial Assessment (Diagnosis per DSM IV)

AXIS I		Clinical disorders and other conditions that may be the focus of clinical attention.
AXIS II		Personality disorders and mental retardation.
AXIS III		General medical conditions.
AXIS IV		Psychosocial and environmental problems.
AXIS V		Global assessment of functioning.

2. Age at diagnosis:

3. History of ECT and response

4. Current medications

Medication	Dosage	Length of time on medication	Response

5. Specify the current need for health care providers, frequency and purpose of care

Health care provider	Frequency of care	Purpose

6. Clinical approach/therapy modality (Select all that apply.) Medication management Individual Group Family ECT

(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
- TREATMENT

7. Projected coping ability within the first year, given increased stresses of residing in an overseas environment (deployments, foreign culture, restricted travel, separation from nuclear family and cost of living)

No assistance required Less than 4 contacts required 4 to 12 contacts required More than 12 contacts or inpatient services required

8. Family members who are anticipated to reside in the overseas environment

Family member's name	Relationship	FMP	Age	Family member's name	Relationship	FMP	Age

9. History of suicidal gestures and attempts

10. History of substance abuse and addictive behaviors

11. Other comments *(Please elaborate on any maladaptive behaviors)*

Signature of health care provider

Printed name

Civilian or DSN telephone number

Date