



## **Completing DD FORM 2792: Medical Summary**

1. Hello and welcome. This is a quick reference guide to completing your Exceptional Family Member DD 2792 Medical Summary enrollment and update Form. The video will be short and to the point. Please feel free to pause this video at any time to take notes on the sections you would like to review in more detail.
2. Please Note the following:
  - a. If you are completing this form for purposes of dis-enrollment; please speak with your Family Case Worker prior to beginning that process.
  - b. If are you completing this form as a Primary Care Provider for purposes of dis-enrollment you must note that previously identified conditions no longer require specialty care follow-up.
  - c. For the purposes of this presentation the term “person of majority age” refers to an Exceptional Family Member over the age of 18.



- d. Anyone over the age of 18 and a legal adult must sign these documents. It cannot be the sponsor, unless you have legal custody.
3. There are several options for you to obtain the DD FORM 2792 Medical Summary.
  - a. You can stop by your local EFMP office and ask your Family Case Worker for blank copies.
  - b. You can have your Family Case Worker fax them to you.
  - c. You can have your Family Case Worker email them to you.
  - d. It can also be found on our website. Our web address is listed here. Please pause this video to take note of the web address now.
4. Using your internet search engine of choice. Enter MCCS Lejeune-New River. Use the top drop down menu. Select Marine and Family, under services find Exceptional Family



Member Program. Scroll down, find forms. Here are all the available DD Forms for your enrollment and update.

5. We will now review the DD FORM 2792, Family Member Medical Summary.

6. You will notice the first two pages are general descriptions of each section and instructions on completing the form. We recommend reading these sections prior to meeting with your Care Provider.

7. On page one you will see a Privacy Act Statement follow by the Authorization for Disclosure of Medical Information. By completing page 1 under the Authorization for Disclosure of Medical Information, you are authorizing the Suitability Screener and The EFMP to use the information provided on this form to determine whether there are adequate medical, housing and community resources to meet the medical needs of the Exceptional Family Member at the sponsor's proposed duty location. It also provides permission for your Care Provider to release the



information directly to your Family Case Worker (via fax or email) to avoid delaying your update or your enrollment.

- a. In the first fillable space you will need to list the name of the Medical Treatment Facility, the Dental Treatment Facility or the Civilian provider that will be completing your enrollment or update.
- b. At the bottom of the page please add the name of the family member being enrolled:
  - i. If the family member is a child, either the sponsor or an alternative guardian may sign, describe their relationship and date the page.
  - ii. If the family member is the spouse or a person of majority age, they must sign, describe their relationship as “self” and date authorizing release of the information to follow. This instruction is provided because of the Health Insurance Portability and Accountability Act (HIPPA) Requirements.



8. Page 2 is the Demographic Certification Information to be completed by the sponsor, parent or guardian or patient if they are of majority age.
  - a. Section one describes the purpose of completing this form
  - b. Section two is family member or patient information.
  - c. Section three is sponsor information.
  - d. Section four is additional military information.
  - e. Section five is DEERS enrolment information.
  - f. Section six is case management services
  - g. Section seven is for any medically necessary equipment.
9. Most of page three will be completed by EFMP administrative staff. However, please ensure the top family member patient name, sponsor name and the last four of the sponsor's social.
10. In section eleven, after your care provider have completed the DD FORM 2792 you will review for



accuracy. If you are satisfied, you will print, sign and date it as being accurate and completed.

11. Pages four through seven are your medical summary to be completed by a qualified medical professional.
12. Pages four and five allow for the qualified medical professional to describe a primary diagnosis. There is enough space for up to three secondary diagnosis. If you need additional space please make copies of page five to add additional diagnosis.
13. Additionally, please ensure all specialty care and current referral are noted on page six. The frequency of visits to each specialty care provider is significant when HQMC is determining the suitability at the next duty station for the sponsor. This must be completed accurately. Please take the time to complete page six properly.
14. At the conclusion of page seven please ensure the care provider completes the printed or stamped name,



signature and date along with accurate contact information. If HQMC needs to follow up with any questions this contact information will be used.

15. PAGE 8 is Addendum 1. This page is only applicable if the Exceptional Family Member has a diagnosis of asthma or a reactive airway disease. This page is also completed by your Care Provider. Once the qualified medical provider has completed this section. Please review the information for accuracy and have the qualified Care Providers prints or stamps name, sign and date, and provide accurate contact information. Again this information is necessary if HQMC needs to follow up with the provider with any additional questions.

16. PAGES 9-10 is Addendum 2. This page is only applicable if the Exceptional Family Member has a Mental Health Diagnosis. This addendum needs to be completed by a qualified clinical provider. Once the qualified clinical provider completes page 9 and 10, please review the



information for accuracy and the Care Provider print or stamp their name, sign and date, and provide accurate contact information. Again, this information is necessary in case HQMC needs to follow-up with any questions.

17. PAGE 11 is Addendum 3. This page is only applicable if the Exceptional Family Member has an Autism Spectrum Disorder and/or significant developmental delays and needs to be completed by a Qualified Medical Professional. Once the qualified medical professional completes page 11, please review the information for accuracy and the Care Provider print or stamp their name, sign and date, and provide accurate contact information. Again, this information is necessary in case HQMC needs to follow-up with any questions.

18. We are going to spend a few additional moments on page 7 because of the impact it can have on families and issuing orders.





19. For section 23 identifies artificial openings on the body and/or prosthetics. Please mark all that apply.
20. For section 24 will allow the Care Provider to identify medically indicated environmental and/or architectural considerations. It is important that your care provider be as specific as possible when completing this section. These specific notes will help gain access to a base house that best meets your family's needs. Let's review a few items listed in section 24:
  - a. Limited steps can identify the number of steps a patient is allowed to take or the number of stairway steps the patient is allowed to climb. Your care provider should describe a number to the amount of steps allowed.
  - b. For air conditioning temperature control, it is best if the care provider describes the range of temperatures needed to be maintained.
  - c. These are just a few examples.



21. In section 25, the care provider should identify all necessary adaptive equipment and special medical equipment needed for the patient. In the description of equipment, please specify the type, make or model of each necessary equipment.
22. And section 26 allows for you to discuss with your care provider any additional considerations for the patient regarding daily living and any travel limitations. For example, a child may be a risk for elopement and needs a single story house with limited egress points or the patient cannot travel by plane.
23. Those are just two examples of additional limitations.
24. Again, the doctor's name/stamp, signature, date and accurate contact information is required at the bottom of this page.
25. Upon completion please review the form for accuracy and signatures where applicable. If the form is completed



to your satisfaction you can now sign and date PAGE 3 as the sponsor, guardian or the person of majority age.

26. Please return the completed form to your local EFMP office or Family Case Worker. You may also have the service member scan and email the document with encryption to your family case worker on their government computer.
27. Once reviewed your local EFMP office with scan the completed for to HQ EFMP.
28. HQ EFMP screens the completed DD Form 2792 and a determination letter of either eligibility for enrollment, updated enrollment or ineligibility will be sent. This process may take about 4-6 weeks. The sponsor will receive an official determination letter either as an email attachment that is sent to their official government email account, or via postal service mail to the sponsor's listed home address.



29. If you have orders pending please inform your family case worker.
30. Please keep your enrollment letter and ask your Family Case Worker how it can benefit you and your Exceptional Family Member.
31. That concludes this video training. If you have any questions please contact your local EFMP office or your Family Case Worker. Please take note of the contact information provided.