

## Deployment Medical Documentation Guidance/Reporting Requirements

1. Purpose. This letter provides guidance and establishes procedures and responsibilities pertaining to:

- a. Medical records of deployed military and civilians.
- b. Patient administration reporting requirements.
- c. Disposition of deployed medical records.

2. Pre-deployment.

a. Documentation (Minimum requirement).

(1) DD Form 2766, Adult Preventive & Chronic Care Flow sheet, serves as the treatment folder for active duty, US Army Reserve, ARNGUS personnel and deployable civilians.

(2) DD Form 2795, Pre-Deployment Health Assessment. Upon notification of deployment, all military and civilian personnel will complete this form.

(3) Other forms as applicable.

b. Responsibility.

(1) Unit /Commander (Active Duty).

(a) Photocopies the original updated DD Form 2766 and places a copy in the individual's medical record.

(b) Ensures individual reports to mobilization site with the original DD Form 2766.

(c) Transports original DD Form 2766 to the area of operation.

(2) Unit/Commander (Reserves).

(a) Ensures individual reports to mobilization site with health record (HREC) including a DD Form 2766.

(b) Photocopies the original updated DD Form 2766 and places a copy in the individual's HREC.

(c) Transports original DD Form 2766 to the area of operation.

(3) Primary MTF.

(a) Update the DD Form 2766 with applicable medical information for each deploying individual. The completed DD Form 2766 and a copy of any printout from an automated immunization tracking system is provided to the individual's command, or to the individual if he/she is an individual replacement.

(b) Complete the DD Form 2795 for all military personnel. Provide unit Commander or appointed records custodian with the original form for placement in the individual's HREC file, one copy in the DD Form 2766, and send a second copy to the Army Medical Surveillance Activity, ATTN: MCHB-TS-EDM/Deployment Surveillance, Bldg T-20, Room 213, 6900 Georgia Avenue NW, Washington, DC 20307-5001.

### 3. Deployment.

#### a. Documentation (Minimum requirement).

(1) Outpatient Treatment Record (DD Form 2766 with included forms): DD Form 1380, Field Medical Card, DD Form 689, Individual Sick Slip, SF 600, Chronological Record of Medical Care and/or SF 558, Record-Emergency Care & Treatment and other forms as applicable.

(2) Inpatient Records: DA 3647, Inpatient Treatment Record Cover Sheet, DA Form 2985, Admission & Coding Form, DD Form 2770, Abbreviated Medical Record and other forms as applicable.

#### b. Responsibility.

##### (1) Unit (Commander).

(a) Transports DD Form 2766 to the area of operation.

(b) Appoints records custodian.

(c) Maintains DD Form 2766 (treatment folder) at the unit. As an individual requires medical treatment, when feasible, he/she will hand-carry the DD Form 2766 to the primary medical treatment facility (MTF) where it will remain until returned to the individual or signed over to the unit records custodian. If operational constraints prevent the individual or unit records custodian from retrieving the DD Form 2766s from the MTF, the MTF will maintain responsibility for the DD Form 2766 through redeployment.

(d) Ensure medical records are safely routed to their final destination.

##### (2) Primary MTF.

(a) Outpatient treatment records:

--Maintain DD Form 2766 plus appropriate supplemental documentation, for each individual as outpatient treatment is rendered until the unit record custodian signs for the records as a unit, the individual who arrived with a DD Form 2766 is returned to duty, an individual's primary MTF changes, or the primary MTF redeploys. If an individual arrives at the MTF without a DD Form 2766, but one does exist in the area of operation, create and maintain a drop file consisting of the loose treatment documentation. When care is completed give one copy of the documentation to the individual to take back to the unit for integration into the DD Form 2766. The original drop file (with documents) remains at the primary MTF in the area of responsibility (AOR) and upon demobilization, the drop file is forwarded to the MTF with responsibility for maintaining the individual's permanent HREC for integration into the individual's permanent HREC. If copying capability is not available, the original drop file is retained at the primary MTF in the AOR.

--Complete DD Form 689, Individual Sick Slip, upon patient disposition for individuals to hand-carry back to the unit for command and control.

--Forward DD Form 2766 to gaining MTF for patients evacuated for further care and/or if an individual's primary MTF changes.

(b) Inpatient Treatment Records:

--Create and maintain inpatient treatment records for every admission. Retire original inpatient treatment records for every disposition. Minimum composition includes documents listed in 3. a. (2).

--Once records are completed (disposed and coded), make two copies of the DA Form 2985, DA Form 3647, and DD Form 2770. Place one copy in the individual's DD Form 2766 for continuity of care, and maintain the other copy as a drop file which is later integrated with the individual's HREC when the MTF redeploys. The original forms are filed in the inpatient treatment record and retired. If the DD Form 2766 is not available, create and maintain a drop file (i.e., manila folder). If automated copying capability is not available, regenerate forms manually in triplicate copies.

--If a patient is evacuated for further care, copy the DA Form 2985, DA Form 3647, and DD Form 2770 and forward with the patient to the gaining MTF. The originals remain at the current MTF for retirement. If copying capability is not available, the original inpatient record accompanies the patient which is later retired from the gaining MTF. The initiating MTF creates a memorandum for record, documenting the missing register numbers for the corresponding records that are forwarded for accountability.

(c) Deaths: Supply a copy of the inpatient or outpatient treatment record with any patient remains forwarded to CONUS for autopsy. If copying capability is unavailable, forward the original inpatient treatment record with the remains and retain a

memorandum of record at the initiating MTF stating patient demographics and date documentation was forwarded.

(d) Reporting requirements: PAD Tool.

--Patient Accounting & Reporting Real-time Tracking System (PARRTS) – Daily as applicable.

--Standard Inpatient Data Record – Daily as applicable.

--Outpatient Report – Daily as applicable.

--Retirement File – Once, at the end of deployment rotation.

(e) Combat Trauma Registry:

--The clinical staff is responsible for documenting combat trauma for care at echelons I-III on MEDCOM Test Form 1381, Theater Trauma Registry Record.

--At echelon level III, the PAD collects MEDCOM Test Form 1381 and forwards it to the appropriate Level IV or V MTF in direct support of the operation (i.e., Deployed Warrior Medical Management Center (DWMMC) in Landstuhl, Germany) via the next available air transport. Once received, DWMMC personnel enter the information into the combat trauma registry.

(f) Behavior Health Records: Once received at echelon level III, behavior health personnel collect and forward applicable behavior health forms to PAD personnel. The PAD personnel forward the behavior health forms to the appropriate Level IV or V MTF in direct support of the operation (i.e., DWMMC in Landstuhl, Germany) via the next available air transport.

(g) Special Operations Personnel: Maintain medical documentation generated for special operations personnel in accordance with the outpatient and inpatient treatment records procedures described in section 3. b. (2) (a), (b) with the exception of pseudo social security numbers (SSNs) being assigned. Construct pseudo SSNs according to the patient's date of birth in accordance with AR 40-66, Medical Record Administration and Health Care Documentation, 10 March 2003. The following format is employed: (80 + (0-9) + YYMMDD), where 80 is constant in every case, and the third digit is used for sequencing of multiple same birthdate admissions. For example, a birthdate of 21 Sep 46 is formed 800-46-0921; a second patient requiring a pseudo SSN with the same birthdate is distinguished by the third digit, 801-46-0921. Once the patient is dispositioned, forward a copy of the treatment record to the appropriate Special Forces liaison and retain the original treatment record at the primary MTF.

#### 4. Redeployment/Post-Deployment.

##### a. Documentation.

(1) Outpatient Treatment Records (forms filed inside the DD Form 2766): DD Form 1380, Field Medical Card, SF 600, Chronological Record of Medical Care and/or SF 558, Record-Emergency Care & Treatment.

(2) Inpatient Treatment Records: DA Form 3647, Inpatient Treatment Record Cover Sheet, DA Form 2985, Admission & Coding Form, DD Form 2770, Abbreviated Medical Record.

(3) DD Form 2796, Post-Deployment Health Assessment.

(4) Other forms as applicable.

##### b. Responsibility.

(1) Unit /Commander (Active Duty).

(a) Coordinates with primary MTF to implement and complete DD Form 2796, Post-Deployment Health Assessment. If the health screening is unable to be conducted prior to departure, the individual's commander will ensure the health assessment is completed and submitted to the local MTF commander within 30 days of the individual's return.

(b) Ensures DD Form 2766 is safely routed to their home MTF and integrated with the individual's HREC.

(2) Unit/Commander (Reserves).

(a) Coordinates with primary MTF to implement and complete DD Form 2796, Post-Deployment Health Assessment. If the health screening is unable to be conducted prior to departure, the individual's commander will ensure the health assessment is completed and submitted to the local MTF commander or unit record custodian within 30 days of the individual's return.

(b) Ensures DD Form 2766 is safely routed to their home MTF/installation and integrated with the individual's HREC.

(3) Primary MTF.

(a) Retires Inpatient Records: All deployed table of organization and equipment MTFs without access to the Composite Health Care System are to use the PAD Tool, Microsoft Access Database application developed by the US Army Patient Administration Systems and Biostatistics Activity (PASBA), to retire inpatient records at

the close of their deployment. Records are no longer forwarded to the overseas record holding facilities due to the National Personnel Records Center (NPRC) automating their system. Files are transmitted as email attachments directly to PASBA who then forwards the files in proper electronic format to NPRC. The hard copy inpatient treatment records will remain in the area of operation until the MTF redeploys unless traceable mailing services are available (i.e., FedEx). If traceable mailing services are available, records are to be prepared for retirement in accordance with AR-25-400-2 and sent to PASBA at the following address: Director, PASBA, ATTN: MCHS-ISD, 1216 Stanley Rd, Ste 25 Bldg 126, Ft Sam Houston, TX 78234-5053. If traceable mailing services are not available, PAD personnel will use the most expedient method possible to ship all inpatient records back to their home installation and will then forward them to PASBA via registered mail after records have been prepared for retirement in accordance with AR-25-400-2. Once received, PASBA will complete the final quality control and subsequently mail the records to NPRC.

(b) Completes DD Form 2796 for all military personnel prior to leaving the area of operation. If the health screening is unable to be conducted prior to departure, the MTF ensures the health assessment is completed within 30 days of the individual's return. Once completed the original form will be filed in the DD Form 2766 until it can be integrated into the HREC. The local MTF commander ensures a procedure is in place for submitting a copy of the DD Form 2796 to the Army Medical Surveillance Activity (ATTN: MCHB-TS-EDM/Deployment Surveillance, Bldg T-20, Room 213, 6900 Georgia Avenue NW, Washington, DC 20307-5001) and for filing the original DD Form 2796 in the HREC.

(c) Integrates individual DD Form 2766 and drop file documentation into the HREC for individuals with HRECs maintained at the primary MTF. Using the Medical Occupational Data System, locate the appropriate MTF or unit for those individuals whose records are not maintained at the primary MTF and telephonically communicate their responsibility to integrate the deployed medical documentation into the HRECs they maintain. Subsequently, forward the DD Form 2766 and drop file documentation to the appropriate MTF or unit.