



DHCC

DEPLOYMENT HEALTH CLINICAL CENTER

Deployment Health Screening and Evaluation

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Screening & Evaluation

Objectives



Review Post-Deployment Health Clinical Practice Guideline (PDH-CPG) Screening and Evaluation Processes and Procedures

- ★ Define “deployment and deployment-relatedness”
- ★ Identify military unique vital sign
- ★ Discuss screening tools and aids
- ★ Describe primary care-based evaluation elements
- ★ Explain the 3 clinical categories and algorithms

PDH-CPG Screening Question



- ★ All persons should be asked "*Is your health concern today related to a deployment?*" upon visiting any primary care provider for any illness or concern.
- ★ PDH-CPG vital sign for all care contacts except wellness visits (e.g. periodic exams and preventive care)

Definition of Deployment



Deployment

Any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command, or duty that is different from the military member's normal duty assignment (DoD, JP 1-02, 1994).

Military members meet deployment criteria anytime they leave the physical locale of the parent command and enter an environment for operational deployment or are stationed in a hostile territory.

This guideline also applies to family members' health concerns that relate to deployment.

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Examples of Deployments



Overseas

- ★ Humanitarian assistance
- ★ Military liaison & training support
- ★ Peacekeeping
- ★ Joint or coalition force exercises
- ★ Low-intensity conflicts
- ★ Combat/War

Domestic

- ★ Fighting forest fires
- ★ Providing disaster relief
- ★ Assisting against terrorist activities
- ★ Drug interdiction and border patrols
- ★ Maintaining civil order
- ★ Construction projects

“Deployment Relatedness” Deployment Is NOT Necessary



Deployment

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Military members meet deployment criteria anytime they leave the physical locale of the parent command and enter an environment for operational deployment or are stationed in a hostile territory.

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PDH-CPG Deployment- Relatedness Question



Deployment-Relatedness Question:

A Military Unique Vital Sign



Clinic Process for Implementing PDH-CPG



- ★ Check-In
- ★ Vital Signs – including Military Unique Vital Sign
- ★ Evaluation/Treatment
- ★ Risk Communication/Education
- ★ Check-Out

Military Unique Vital Sign



All persons should be asked "*Is your health concern today related to a deployment?*" upon visiting any primary care provider for any illness or concern.

- ★ PDH-CPG vital sign for all care contacts except wellness visits (e.g. periodic exams and preventive care)
- ★ Patient rather than provider determination

PDH Concerns Clinic Visit Guidance Card



- ★ To facilitate asking the PDH question, a PDH Concerns Clinic Visit Guidance card has been developed.
- ★ To assist screening personnel place these cards at all vital signs stations in your clinics
- ★ Cards are available in the Tool kit, Toolbox, and at www.PDHealth.mil

PDH Concerns Clinic Visit Guidance

How to ask the question: "Is your problem today related to a deployment?"

Focus on chief complaint rather than if patient has any PDH complaints

Deployment is not necessary for patient to have PDH concerns

- Spouse or child may have concern related to sponsor's recent deployment
- Patient may have questions about future or past deployments
- Ask this question whether patient is active duty, retired, family member, veteran, deployed or non-deployed

How to respond to patients questions

1) "What do you mean?" or "What do you mean, deployment-related?"

Goal is to record patient's perception of deployment-relatedness not your own

- To help patient answer, ask if patient or a loved one has been deployed. If so, is today's visit related to that deployment
- Review examples of deployment concern or condition (see reverse)
- 2) "What is deployment?" Avoid narrow definitions of deployment. Offer a few examples (see reverse), and return to the question: "Do you feel your health concern today is related to deployment?"
- 3) "I don't know if it is deployment-related" Mark the "maybe" response. Review examples (see reverse)
- When in doubt, always focus on the concern rather than the deployment



DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 642-0907 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



PDH Concerns Clinic Visit Guidance (Side Two)

Deployment Examples

Overseas Deployment

- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

Within the US

- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Responding to terrorist attack
- Drug interdiction
- Airport Security

Deployment-Related Concern or Condition Examples

- Deployed man twists his ankle; injury persists after returning home
- Post-deployed woman blood-donor expresses concern about donating
- Although not deployed, man is concerned about effects of vaccine
- Spouse complains of rash after washing clothes worn by member while deployed
- While deployed, woman suffers a toxic exposure and later gets sick from it
- Spouse complains that her child is having nightmares since member returned from combat



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Documentation of Military Unique Vital Sign Screening



To facilitate screening documentation, PDH question should be on vital signs stamps and automated SF600s and overprints.

- **IF** the PDH question is not currently on SF600
 - Use stamp in original Tool kit or local purchase
- or, **IF** PDH question is not on automated SF600
 - Refer to instructions for integrating the question included in Tool kit and www.PDHealth.mil

PDH-CPG SF600 Screening Stamp



Self-inking stamp
enclosed in all PDH
Tool kits

Ink pad will last
approximately 6
months and can be
replaced

BP	T
P	R

Chief Complaint?

Deployment Related?
Y / N Maybe

Do you use tobacco? Y / N
Would you like to quit? Y / N
TUC materials offered? Y/ N
Allergies?
Medications?

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE / SF600E
SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION

Date: XX SEP 2001@1400 CLINIC: FAMILY PRACTICE

Provider: XXXXX, XXXXXX Division: WOMACK AMC FT BRAGG NC

Objective:
BP (Sit/Stand): ____/____ Pulse : ____ Resp : ____ Temp: ____
BP (Supine) : ____/____ Height : ____ Weight: ____ LMP : ____

Problem List:

Allergies:
None listed

Appointment:
XX year old Female with XXXXX appointment type
Reason: XXX
Date: XX SEP 2001@1400

DEPLOYMENT: YES/ NO/ MAYBE TOBACCO USE: YES/NO PAIN LEVEL: ____

MEDS: _____

Clinic Note:

Name: XXXXX XXX FMP/SSN: 20 / XXXXXXXXXX
Sex: X Pcat: All Clinic: FAMILY PRACTICE
Spon: XXXXXX XXX Rank: XXXXXX Output
CLINIC Rec Rm: MED REC FAMILY PRACTICE
Unit: XXXXXX XXXX H#: xxx-xxx-xxxx DOB:
DDMMYYYY W#: xxx-xxxx Ins: N
MTF: FT BRAGG
Ins Co: Policy #: Reg comm.: WFPRC DR XXXXXXXX -9JUL01-
MC Status: ENROLLED POC: FAMILY PRACTICE CLINIC
PCM: XXXXXX XXXXX
CHRONOLOGICAL RECORD OF MEDICAL CARE/STANDARD FORM 600E (Rev. 5-84)



Instructions for embedding PDH Question into CHCS Automated SF600 are on www.PDHealth.mil



PDH-CPG PDH Poster



- ★ To facilitate asking the PDH question, a PDH poster may be placed in your clinic
- ★ Posters were contained in the Tool kit
- ★ Additional posters may be ordered from the website:
www.PDHealth.mil



PDH-CPG Wallet Card



- ★ To facilitate asking the PDH question, PDH wallet cards may be placed in your clinic and provided to support units and activities
- ★ Wallet cards were contained in the Tool kit
- ★ Additional wallet cards may be ordered from the website:
www.PDHealth.mil



DoD Deployment Health Card

Is your condition due to deployment?

You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran.

We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar concerns.

Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit.

Steps to Getting Deployment Related Help

STEP 1 Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.

Primary Care

STEP 2 If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance.

Referral

STEP 3 If symptoms persist or your health does not improve, referral to another specialist may be necessary.

Establish Rapport and Trust



“Recent experience has shown that individuals concerned about health after deployment may be especially inclined to distrust the Government, making it particularly important for clinicians to establish individual rapport and foster open communication with patients.”

PDH-CPG – Box 3 Annotation D



PDH Screening Process

Role of Medical Screener



- ★ Asks military unique vital sign: "Is your health concern today related to a deployment?"
- ★ Marks response on stamped or overprinted SF600
- ★ Alerts provider to "yes" or "maybe" responses

Establish a Patient-Provider Partnership



- ★ Acknowledge patient's concerns and symptoms
- ★ Indicate commitment to understand concerns and symptoms
- ★ Encourage open and honest transfer of information to understand concerns and history
- ★ Indicate commitment to allocate sufficient time and resources to resolving concerns
- ★ Avoid open skepticism or disapproving comments in discussing concerns

Screening Tools and Forms



- ★ DD Form 2844 Post Deployment Medical Assessment
- ★ Patient Health Questionnaire (PHQ)
- ★ SF 36v2 Health Survey
- ★ Post Traumatic Stress Disorder (PTSD) Checklist (PCL)
- ★ Post Deployment Health Clinical Assessment Tool (PDCAT)
- ★ DD Form 2796 Post-Deployment Health Assessment

DD Form 2844 Post Deployment Medical Assessment



INITIAL VISIT		MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT		DATE/TIME/STATION	
FOLLOW-UP VISIT					
SECTION I - PATIENT VITAL SIGNS (Completed by Health Care Provider)					
1. HR	2. PULSE	3. RESP	4. TEMP	5. BLOOD PRESSURE	6. O2 SAT
7. AGE	8. GENDER (M/F)	9. Do you use tobacco?		YES	NO
		10. Do you use alcohol?		YES	NO
		11. Do you use recreational drugs?		YES	NO
12. SPECIAL MEDICAL STAFFING (M/F) (M/F) (M/F) (M/F) (M/F) (M/F)					
SECTION II - FORM I - BIRMINGHAM (Completed by Patient)					
13. MARK INDENTED "YES" OR "NO"					
14. VITALLY IMPORTANT		15. ARE YOU CURRENTLY SUFFERING FROM?			
16. Shortness of breath, wheezing or problems with breathing		17. Swollen, red, itchy or sore eyes			
18. Itching, coughing, sneezing or runny nose		18. Swollen, red, itchy or sore eyes			
19. Fatigue or weakness		19. Swollen, red, itchy or sore eyes			
20. Itching or hives/rash		20. Swollen, red, itchy or sore eyes			
21. Itchy, red, or swollen mouth		21. Swollen, red, itchy or sore eyes			
22. Head pain, vertigo, or dizziness (e.g. pain, spinning, etc.)		22. Swollen, red, itchy or sore eyes			
23. Headache, pain or numbness in your face		23. Swollen, red, itchy or sore eyes			
24. Headache or dizziness		24. Swollen, red, itchy or sore eyes			
25. Increased size of arms, legs, hands, or feet		25. Swollen, red, itchy or sore eyes			
26. Swelling in your hands or feet		26. Swollen, red, itchy or sore eyes			
27. Swelling in your face		27. Swollen, red, itchy or sore eyes			
28. Swelling in your neck		28. Swollen, red, itchy or sore eyes			
29. Swelling in your chest		29. Swollen, red, itchy or sore eyes			
30. Swelling in your stomach		30. Swollen, red, itchy or sore eyes			
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223. Swelling in your hands		223. Swollen, red, itchy or sore eyes			
224. Swelling in your feet		224. Swollen, red, itchy or sore eyes			
225. Swelling in your face		225. Swollen, red, itchy or sore eyes			
226. Swelling in your neck		226. Swollen, red, itchy or sore eyes			
227. Swelling in your					

DD Form 2844 Description



- ★ For patients with deployment-related concerns
 - Answered “yes” to military unique vital sign
 - Referred after evaluation on DD Form 2796
- ★ Optional use in place of SF 600 for documenting post-deployment evaluation
- ★ First page – patient symptoms, deployment history and concerns
- ★ Second page – medical history, physical exam, diagnosis, treatment plan, referrals and follow-up
- ★ Can be completed on line at www.PDHealth.mil

Patient Health Questionnaire (PHQ)



Patient Health Questionnaire™ (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name _____ Age _____ Sex: Female Male Today's Date _____

1. During the last 4 weeks, how much have you been bothered by any of the following problems?	Not bothered	Bothered a little	Bothered a lot	
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pain in your arms, legs, or joints (knees, hips, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Menstrual cramps or other problems with your periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Constipation, loose bowels, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Nausea, gas, or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE CODING: Som Dis 1 if at least three of #1a-m are "a lot" and lack an adequate biol explanation. Maj Dep Sym if answers to #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all). Other Dep Sym if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

PHQ Description



- ★ Generic tool
- ★ Screens and monitors patient status in the following areas:
 - Depression
 - Anxiety
 - Alcohol abuse
 - Idiopathic physical symptoms

SF-36v2 Health Survey



Clinicians - SF-36v2 Survey - Microsoft Internet Explorer

Address <http://www.pdhealth.mil/clinicians/sf36v2.asp>

SF-36v2™ Health Survey

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. **In general, would you say your health is:** [Click on the circle that best describes your answer.]

Excellent <input type="radio"/>	Very Good <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>
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2. **Compared to one year ago, how would you rate your health in general now?**

Much better now than one year ago <input type="radio"/>	Somewhat better now than one year ago <input type="radio"/>	About the same as one year ago <input type="radio"/>	Somewhat worse now than one year ago <input type="radio"/>	Much worse now than one year ago <input type="radio"/>
--	--	---	---	---

3. **The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?** [Click on a circle on each line.]

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous Activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate Activities, such as moving a table, pushing a vacuum cleaner, bowling,			

SF-36v2 Description



- ★ Short, generic measure of health-related functioning
- ★ Comprised of 36 questions asking the patient to describe physical or emotional problems over the past four weeks
- ★ Can be completed and scored on-line at www.PDHealth.mil

Post Traumatic Stress Disorder (PTSD) CheckList (PCL)



PTSD CheckList – Military Version (PCL-M)

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful military experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful military experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities</i> or <i>situations</i> because they <i>remind you</i> of a stressful military experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful military experience from the past?					



PCL Description

- ★ Specialized tool
- ★ Self-administered 17 questions
- ★ Assesses trauma-related distress
- ★ Three versions
 - PTSD CheckList – Military Version (PCL-M)
 - PTSD CheckList – Civilian Version (PCL-C)
 - PTSD CheckList – Stressor Specific Version (PCL-S)

Post Deployment Clinical Assessment Tool (PDCAT)



For provider use only		
<input type="checkbox"/> Intake	<input type="checkbox"/> 3Mo Fu	<input type="checkbox"/> 6Mo Fu

Post Deployment Clinical Assessment Tool

PRIVACY ACT STATEMENT – Post Deployment Clinical Assessment Tool

AUTHORITY: 5 U.S.C. 301; and Executive Order 9397

PRINCIPAL PURPOSE: The Post Deployment Clinical Assessment Tool (PDCAT) is being administered to assist in providing appropriate care for you and/or your family in relation to deployments, bio-terrorism, and other threats. This tool will also assist in planning to provide better care to our beneficiaries in the future. The PDCAT will be used by your health-care manager in coordination with your primary care manager to tailor optimum care for you.

ROUTINE USES: None

DISCLOSURE: Voluntary. Failure to respond will not result in any penalty. However, maximum participation is encouraged so that data will be complete and representative. Your PDCAT form will be treated as confidential.

I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.

Print Name

Signature

PRIVACY ACT STATEMENT

Date Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
year	/	month	/
		day	

.....
Patient Identification

PDCAT Description



- ★ Measures patient status in the following areas:
 - Somatic symptoms
 - Post-traumatic stress disorder
 - Depressions
 - Anxiety and panic
 - Functional status
 - Alcohol use
 - Frequency of health care visits
 - Social support
 - Satisfaction with health care





PDCAT Description (cont.)

- ★ Uses an array of brief standardized illness-specific screens and assessments
- ★ Designed to be used in its entirety to assess and follow-up patients with post-deployment health concerns and illnesses
- ★ Many of the illness-specific sections can be used individually to follow severity of specific illnesses

DD Form 2796 Post-Deployment Health Assessment



POST-DEPLOYMENT Health Assessment

33348

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

<p>Last Name</p> <input style="width: 100%; height: 20px;" type="text"/> <p>First Name MI</p> <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <p>Name of Your Unit or Ship during this Deployment</p> <hr/> <p>Gender</p> <input type="radio"/> Male <input type="radio"/> Female <p>Service Branch</p> <input type="radio"/> Air Force <input type="radio"/> Army <input type="radio"/> Coast Guard <input type="radio"/> Marine Corps <input type="radio"/> Navy <input type="radio"/> Other <p>Location of Operation</p> <input type="radio"/> Europe <input type="radio"/> SW Asia <input type="radio"/> SE Asia <input type="radio"/> Asia (Other)	<p>Today's Date (dd/mm/yyyy)</p> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <p>Social Security Number</p> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <p>DOB (dd/mm/yyyy)</p> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <p>Date of arrival in theater (dd/mm/yyyy)</p> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <p>Date of departure from theater (dd/mm/yyyy)</p> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <p>Component</p> <input type="radio"/> Active Duty <input type="radio"/> National Guard <input type="radio"/> Reserves <input type="radio"/> Civilian Government Employee <p>Pay Grade</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> E1</td> <td><input type="radio"/> O01</td> <td><input type="radio"/> W1</td> </tr> <tr> <td><input type="radio"/> E2</td> <td><input type="radio"/> O02</td> <td><input type="radio"/> W2</td> </tr> <tr> <td><input type="radio"/> E3</td> <td><input type="radio"/> O03</td> <td><input type="radio"/> W3</td> </tr> <tr> <td><input type="radio"/> E4</td> <td><input type="radio"/> O04</td> <td><input type="radio"/> W4</td> </tr> <tr> <td><input type="radio"/> E5</td> <td><input type="radio"/> O05</td> <td><input type="radio"/> W5</td> </tr> <tr> <td><input type="radio"/> E6</td> <td><input type="radio"/> O06</td> <td></td> </tr> <tr> <td><input type="radio"/> E7</td> <td><input type="radio"/> O07</td> <td><input type="radio"/> Other</td> </tr> <tr> <td><input type="radio"/> E8</td> <td><input type="radio"/> O08</td> <td></td> </tr> <tr> <td><input type="radio"/> E9</td> <td><input type="radio"/> O09</td> <td></td> </tr> <tr> <td></td> <td><input type="radio"/> O10</td> <td></td> </tr> </table>	<input type="radio"/> E1	<input type="radio"/> O01	<input type="radio"/> W1	<input type="radio"/> E2	<input type="radio"/> O02	<input type="radio"/> W2	<input type="radio"/> E3	<input type="radio"/> O03	<input type="radio"/> W3	<input type="radio"/> E4	<input type="radio"/> O04	<input type="radio"/> W4	<input type="radio"/> E5	<input type="radio"/> O05	<input type="radio"/> W5	<input type="radio"/> E6	<input type="radio"/> O06		<input type="radio"/> E7	<input type="radio"/> O07	<input type="radio"/> Other	<input type="radio"/> E8	<input type="radio"/> O08		<input type="radio"/> E9	<input type="radio"/> O09			<input type="radio"/> O10	
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	<input type="radio"/> O10																														

To what areas were you mainly deployed:
(mark all that apply - list where/date arrived)

<input type="radio"/> Kuwait	<input type="radio"/> Iraq
<input type="radio"/> Qatar	<input type="radio"/> Turkey
<input type="radio"/> Afghanistan	<input type="radio"/> Uzbekistan
<input type="radio"/> Bosnia	<input type="radio"/> Kosovo
<input type="radio"/> On a ship	<input type="radio"/> CONUS
	<input type="radio"/> Other

Name of Operation:

Occupational specialty during this deployment
(MOS, NEC or AFSC)

Combat specialty:

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical threat debriefing completed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical information sheet distributed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post Deployment serum specimen collected

DD FORM 2796, APR 2003
PREVIOUS EDITION IS OBSOLETE.
ASD(HA) APPROVED



DD Form 2796 Description



- ★ Required form used for mandatory screening of all redeploying military personnel
- ★ Face-to-face assessment by trained health care provider (physician, physician assistant, nurse practitioner, independent duty corpsman, independent duty medical technician)
- ★ Documents post-deployment health status, any deployment-related occupational and environmental exposures, and appropriate referrals

http://www.PDHealth.mil



- ★ For Clinicians
- ★ For Veterans & Families
- ★ For Reserve Components
- ★ Deployment Cycle Support
- ★ Education and Training
- ★ Emerging Health Concerns
- ★ Items and Announcements
- ★ Library
- ★ Education and Training
- ★ Risk Communication
- ★ Research
- ★ War on Terrorism
- ★ New Users
- ★ Contact DHCC
- ★ Index & Site Map
- ★ Help and FAQs

Address: <http://www.pdhealth.mil/main.asp>

Search

Advanced Search

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508-Compliant Site

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Veterans and Families

Specific Conditions & Concerns

To find out more about a specific medical condition or issue related to deployment health, select the link from the list below. The topics are sorted alphabetically and are cross-referenced to help you find them easily.

Medical Disclaimer

Searching Tip: To search for text on this page, hold the Control (Ctrl) key while pressing the "F" key (Command-F for Macintosh) and enter your search term.

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O
P | Q | R | S | T | U | V | W | X | Y | Z

- A -

[Anthrax](#)
[Anthrax Vaccine](#)
[Asthma concerns, Oil-Fire Smoke](#)

Clinicians

Department Of Defense Deployment Health Clinical Center

Welcome to Department of Defense's Deployment Health Clinical Center.

We appreciate the opportunity to provide information about our center and its functions.

We maintain a comprehensive repository of information on deployment health, clinical practices, and health news on this website. To find out more about us, select from the following list:

- Mission, Goals, and Appro...
- Clinical Care
- Continuing Medical Educat...
- CCEP Transition
- Specialized Care Program
- GulfWar Database

What can chiropractors do at VA centers?

Type *A's* peak up over modafinil, an anti-sleeping pill

Only Fla. Prepared for Bioterrorism

Health Dept. Aim to Spot Bioterror

Smallpox vaccine still a safety, liability concern

Medical Reserve Corps: A Guide for Leaders

Army to release domestic violence report

Rumfeld reviews Pentagon smallpox photo plan

Internet

Comprehensive Primary Care-Based Evaluation



- ★ Medical record review
- ★ Medical history
- ★ Review of systems
- ★ Psychosocial assessment
- ★ Physical exam
- ★ Mental status exam
- ★ Routine laboratory work
- ★ Ancillary testing

Medical Record Review



- ★ Medical, family, social, occupational, deployment, medication, and immunization histories
- ★ Pre- and post-deployment physical exams
- ★ Clinic and emergency room visit notes
- ★ Laboratory, radiological, and other ancillary test results

Additional Areas of Medical History



- ★ Occupational and deployment history, including risks, hazards and exposures to toxic agents
- ★ Combat exposure
- ★ Travel history, including immunizations and prophylactic measures
- ★ Prescription history, including over-the-counter medications and herbal supplements
- ★ Tobacco, alcohol, and illicit drug use

Additional Areas of Medical History (Cont.)



- ★ Job stability and stress
- ★ Physical and emotional abuse or sexual harassment and assault
- ★ Current support structure, including marital status, family and friends
- ★ Family, development, and psychosocial history
- ★ Sleep habits
- ★ Reproductive history

Research Deployment Issues



- ★ “Often when evaluating patients with deployment-related health concerns, the patient initially knows more about deployment-specific exposures than the clinicians”
- ★ Before proceeding further, thoroughly research the patient’s deployment-related health concerns and identify known risks and exposures for a particular deployment
- ★ Consult www.PDHealth.mil

Routine Post-Deployment Laboratory Testing



- ★ Complete blood count (CBC)
- ★ Basic chemistries, including electrolytes, blood urea nitrogen (BUN), creatinine, glucose, and liver function tests
- ★ Urinalysis
- ★ Tuberculin skin test (PPD), if not completed within the past 6 months
- ★ Ancillary testing as appropriate

Ancillary Studies



- ★ Selected ancillary studies should be performed based on clues derived from the history and physical examination

- ★ Testing should be avoided purely for the basis of screening as these tests may
 - Have very low specificity
 - Result in false positive results
 - Cause unrealistic patient expectations

Clinician Actions At Each Visit



- ★ Ask if there are unaddressed or unresolved concerns
- ★ Summarize and explain all test results
- ★ Schedule follow-up visits in a timely manner
- ★ Explain that outstanding or interim test results and consultations will be reviewed during the follow-up visits
- ★ Offer to include the concerned family member or significant other in the follow-up visit

PDH-CPG: 3 Clinical Categories



- ★ Asymptomatic Patient with Deployment-Related Health Concern (Algorithm A1)
- ★ Patient with Established Diagnosis and Deployment-Related Health Concern (Algorithm A3)
- ★ Patient with Medically Unexplained Symptoms and Deployment-Related Health Concern (Algorithm A2)

Questions, Information, Assistance



DoD Deployment Health Clinical Center

Walter Reed Army Medical Center

Building 2, Room 3G04

6900 Georgia Ave, NW

Washington, DC 20307-5001

E-mail: pdhealth@na.amedd.army.mil

Website: www.PDHealth.mil

202-782-6563

DSN:662

Provider Helpline

1-866-559-1627

Patient Helpline

1-800-796-9699