DEPARTMENT OF THE ARMY
USA MEDDAC
700 24TH STREET
FORT LEE, VIRGINIA 23801-1716

Julia Patsell
RN, MSN, APRN-BC
EFMP
Special Needs Advisor
Kenner Army Health Clinic
700 24th Street
Fort Lee, Virginia 23801
P: (804) 734-9130
F: (804) 734-9053
Julia.patsell@usarmy.gov

Dear Medical Colleague:

We are writing to give you a brief description of the Exceptional Family Member Program (EFMP) for the United States Army. The EFMP program was created by the military to help track family members of active duty soldier members with medical or educational concerns in order to provide for these families as they move to their next duty station. The program also is responsible to screen all family members that will be traveling off of the continent of the United States (OCONUS) to assure that their health and educational needs can be met at their next duty assignment. A part of this process is a complete physical exam every 12 months that must include a physical exam, list of vaccines, past medical history, a statement indicating that all children under the age of 18 years of age are developmentally on target and a current PPD if traveling anywhere other than Germany. In the instance that the child is under 12 months of age, they need to be up to date with standard physicals that occur at 2, 4, 6, and at 9 months of age. We have attached a list of criteria for EFMP enrollment with this letter. We also have attached a copy of the EFMP Physical Form for your convenience, but you may use your office note or a physical form from your documents. Please be sure that the practice name is identified and physician's name is legible for our records. All Command Sponsorship for OCONUS travel is on hold until the completed physical forms are received by the EFMP office at Fort Lee. If the family member is found to have an enrollable condition, we will need to have a DA FORM 2792 completed in order to process their enrollment to the EFMP program prior to their travel.

I would like to thank-you in advance for your assistance with our patients and feel free to contact our office for further questions or concerns for our program or beneficiaries.

Sincerely,

Julia E. Patsell, FNP
EFMP Special Needs Advisor

Dr. Ed Sinaguinan
Medical Director

Exceptional Family Member (EFMP) Identification List

Kenner Army Health Clinic; 700 24th street; Fort Lee, Virginia 23801 P: 804–734-9130; F: 804-734-9053

EFMP is a mandatory enrollment program per AR 608-75 that works with military and civilian agencies to provide comprehensive and coordinated community support, housing, educational, medical and personnel services to families with special needs. EFMP benefits the family by considering medical and special education needs in the military personnel assignment process. An exceptional family member is the legal dependent of an active duty service member (adult or child) with any physical, emotional, developmental or intellectual disorder that requires special treatment, therapy, education, training or counseling.

Enrollment in the EFMP is MANDATORY if any of the following criteria are met. Commanders are required to enforce AR 608-75 and take appropriate action against the soldiers who knowingly provide false information (art 107, UCMJ) or fail/refuse to enroll an eligible family member in EFMP (art 107, UCMJ). Adverse actions taken against the soldiers will begin with a general letter of reprimand at the minimum and can be increased at the discretion of the commanding officer.

In general, an active duty family member qualifies for EFMP if they:

- Have a potentially life threatening condition and/or chronic mental/physical/educational concern.
- Have a medical condition that requires out-patient support beyond general family practice.
- Have a mental health condition for greater than 6 months duration that has required inpatient or outpatient follow up within the past 5 years. This includes psychotropic medication dispensed by a general practitioner in the past 5 years as well as psychotherapy.
- Have a developmental delay or developmental disability that requires early intervention (i.e. Have an IFSP, Individual Family service Plan) or Special Educational Services (i.e. Have an IEP, Individualized Educational Plan) or 504 plan through school.

Common Diagnosis for Enrollment:

- ADHD/ADD: Only those patients on more than one medicine, or takes more than the standard dosage, has a co-existing health condition, requires counseling from a mental health practitioner or requires care from a psychiatrist.
- Allergies: Only if patient requires allergy shots or follow up with Allergist more than once a year.
- Asthma/RAD: Only if daily inhaled steroids are required, if patient requires frequent flares resulting in frequent Urgent Care or ER visits, or has been hospitalized for asthma in the past 5 years.
- Autism/Pervasive Developmental Disorders: All require medical enrollment and may also need educational enrollment as well.
- Autoimmune/Neuromuscular Disorders: These include Muscular Dystrophy, Lupus, Multiple Sclerosis, and Rheumatoid Arthritis.
- Cancer: Unless patient has completed treatment, has been in remission for 5 years and no longer requires services.
- Cervical Dysplasia/abnormal pap: If patient requires pap smears more frequently than 2 times per year or requires colposcopy
- Cerebral Palsy/Loss of Mobility: Any time a wheelchair or ambulation device is needed or requires PT or OT.
- Cleft lip/Palate: Unless full repair is completed and patient no longer requires any services.
- Developmental Delays: Including those receiving early intervention services, Speech, OT and PT.
- Diabetes: All insulin dependents and all Non-insulin dependents requiring specialist follow up.
- Requiring Medical Equipment: G-tube, oxygen, pacemaker, v-p shunt, tracheotomy, wheelchair, hearing aid, insulin pump. Need brand names and model numbers on hearing aids, insulin pumps and pacemakers.
- Genetic Diseases: Cystic Fibrosis, Trisomy 21, Hydrocephalus, Spina Bifida, Sickle Cell Disease etc....
- Hearing Impairment/Deafness: Requiring hearing aids or specialty care.
- Heart Conditions: Congenital and acquired heart disease requiring more frequent cardiology than once a year.
- Inflammatory Bowel Disease: Crohn's or Ulcerative Colitis.
- Immunodeficiency: Primary and secondary; including HIV/AIDS.
- Mental Health Conditions: ALL mental health conditions with duration of medication or therapy greater than 6 months within the last 5 YEARS regardless of who prescribed the medicine. This includes all anxiety, depression, ODD, OCD, ADHD, PTSD and Schizophrenia.
- Premature or High Risk Infants: Anyone who requires a Pediatrician or higher level of care more than once a year.
- Seizure Disorder/Epilepsy
- Substance Abuse
- Thyroid Problems: Graves, Hashimoto's, requiring more than yearly Endocrine care.
- Vision Problems/Blindness: Sight problems that require more than annual ophthalmology care.
- Children receiving Special Education/Early Intervention: Services requiring IFSP/IEP/504 plan. DA FORM 2792-1 must be completed and copy of school documentation must be submitted.
- Any other condition that requires specialty care more than once a year.

Physical Exam Form

EFMP; Kenner Army Health Clinic 700 24th Street; Fort Lee, Virginia23801 23801
P: 804-734-9130; F: 804-734-9053

Name: _____ DOB: _____ Age: _____ Sex: M F

PART 1: PLEASE ANSWER THE FOLLOWING QUESTIONS BEFORE THE PHYSICAL EXAM

Please circle "Y" if the answer is "YES" and "N" if the answer is "NO" in the spaces below.

1: Allergies requiring shots or is life threatening	Y N	11: Seizures	Y N
2: Developmental Delays	Y N	12: Diabetes	Y N
3: Severe asthma requiring daily inhaled steroids	Y N	13: ADHD/ADD managed by Psychiatry	Y N
4: Vision Disorders or Blindness	Y N	14: Autism/Asperger's/PDD	Y N
5: Seizures	Y N	15: Special Education (IEP, IFSP, 504)	Y N
6: Problems Hearing or Deafness	Y N	16: Cancer	Y N
7: Problems with Speech	Y N	17: Abnormal Pap/GYN History	Y N
8: Heart Problems	Y N	18: Ongoing or Chronic Illness	Y N
9: Bleeding Disorders	Y N	19: Thyroid Disease	Y N
10: Counseling or Mental Health Medications in the 5 years.	Y N	20: Sickle Cell Disease	Y N

List all current medications:_____

Are vaccinations up to date: Y N (Please attach a copy of the latest vaccination records)

If under 18 years of age: Developmentally on target: Y N
PPD Results: Negative Positive: _____ induration.

PART 2: Provider Progress Note

Vital Signs: Height: _____ Weight: _____ BP: _____ P: _____ R: _____ T: _____

Subjective:

Head:	Normal_____	Abnormal_____	Lungs:	Normal_____	Abnormal_____
Eyes:	Normal_____	Abnormal _____	Abdomen:	Normal_____	Abnormal_____
Ears:	Normal_____	Abnormal _____	Genitalia:	Normal_____	Abnormal_____
Nose:	Normal_____	Abnormal _____	Skin:	Normal_____	Abnormal_____
Throat:	Normal_____	Abnormal _____	Extremities:	Normal_____	Abnormal_____
Neck:	Normal_____	Abnormal _____	Neurological:	Normal_____	Abnormal_____
Chest:	Normal_____	Abnormal _____			

A:

P: Patient is fit for travel. Yes No

Signed:_____ Printed Provider Name:_____
Date:_____ Office Stamp: