

Guidelines for DD 2792  
Medical Summary

This form is required for ALL family members enrolling in the Exceptional Family Member Program (EFMP)

**Family –**

- ✓ All personal information on pages 1-2 as well as the tops of pages 3-11 are required to be completed by Active Duty (AD), Spouse or Child of Majority (18 yrs. Old or above).
- ✓ Family member's name prefix is as listed below:  
Spouse - 30, Child - 01, 02, 03... (*Birth Order*). If children enrolled are stepchildren of Active Duty, then the family prefix will be as enrolled in DEERS. For example: AD has two children from previous relationship (Ages 6 & 4). New spouse has two children (Age 11 & 3). AD children will be 01, 02 and spouses children will be 03, 04.
- ✓ Please enter the AD's 10 digit military ID number in all spaces asking for the AD's social security number, Page 2 #2.c. If filling out the forms by hand, put the 10 digit military ID on all sections asking for the sponsor's last 4 of the social, Pages 3,4,5,6, & 7.
- ✓ If filling out online, enter the last 4 digits of the AD's social security number on pages 3,4,5,6 & 7.
- ✓ Pages 1- 7 are required to be completed and signed by an Physician. If addendum is annotated on page 4, then include a copy of the corresponding addendum signed by an Physician.
- ✓ Page 3, #11a, 11b, 11c (Certification) **CANNOT** be signed/dated until **AFTER** the Physician has completed the packet and signed. By signing, you certify that the information submitted on this form is complete and accurate.
- ✓ Paperwork cannot be over 90 days after signed by Physician. If over 90 days, paperwork will be required to be resubmitted to Physician for diagnosis and signature.

**Physician –**

1. All areas on pages 4-7 are required to be completed. If addendum is annotated on page 4 please complete and sign corresponding addendum(s).
2. It is very important that all medical conditions or special therapies be annotated with ICD/Diagnosis, plus frequency of service.
3. If a family member has environmental, architectural, and or adaptive/special medical equipment required, please annotate the requirement. For all adaptive/special medical equipment, please list the current make and model the patient currently uses on **Page 2, #7 & 7, #25.**
4. Please ensure that Part C, Providers Information, at the bottom of page 7, is completed and signed by physician.
5. If all boxes are checked on p. 4 #1a, #1b and #1c, **ALL** addendum's are required to be completed and signed by Physician. If not-applicable, please discard. Signature **IS REQUIRED** on addendum's that are used.

Updates are due every three years, or anytime there is a significant change in condition or needs.

**If you have any questions with regards to this form, please contact the EFMP Office at (928) 269-2949/2425.**