INTER/INTRA-REGIONAL TRANSFER DOCUMENTATION
ACTIVE DUTY SERVICE MEMBER (ADSM)
MEDICAL TREATMENT FACILITY

1. ADSM NAME	2. ADSM RANK / RATE	3. ADSM SSN

4. BRANCH OF SERVICE ☐ USA ☐ USAF ☐ USN ☐ USMC ☐ USCG ☐ OTHER _____	5. ADSM NEEDS TRANSFER TO
6. CASE MANAGEMENT REFERRAL ENTERED? ☐ YES ☐ NO	7. ACCEPTED INTO CASE MANAGEMENT? ☐ YES ☐ NO

8. IF ACCEPTED INTO CASE MANAGEMENT, ENTER CASE MANAGEMENT CONTACT INFORMATION

8a. NAME	8b. E-MAIL ADDRESS	8c. TELEPHONE NO.

9. IF NOT ACCEPTED INTO CASE MANAGEMENT, IDENTIFY WHO IS RESPONSIBLE: MMSO, HSSC, MTF, OTHER TRICARE REGION, COAST GUARD FOR COAST GUARD MEMBERS, OPERATIONAL / AFLOAT / STUDENTS / AIT?

9a. NAME	9b. E-MAIL ADDRESS	9c. TELEPHONE NO.

10. OTHER TRICARE REGION CONTACTED? ☐ YES ☐ NO

10a. NAME	10b. E-MAIL ADDRESS	10c. TELEPHONE NO.

11. MMSO CONTACTED? ☐ YES ☐ NO

11a. NAME	11b. E-MAIL ADDRESS	11c. TELEPHONE NO.

12. ENROLLMENT VERIFIED (CHCS / DEERs / SHIP / DUTY STATION) ☐ YES ☐ NO

13. WHO IS RESPONSIBLE: MMSO, HSSC, MTF, OTHER TRICARE REGION, COAST GUARD FOR COAST GUARD MEMBERS, OPERATIONAL / AFLOAT / STUDENTS / AIT?

13a. NAME	13b. E-MAIL ADDRESS	13c. TELEPHONE NO.

14. HOME OF RECORD	15. STATE OF RESIDENCY *(If Different)*

16. FAMILY INVOLVEMENT / SUPPORT? ☐ YES ☐ NO

16a. NAME	16b. E-MAIL ADDRESS	16c. TELEPHONE NO.

17. FAMILY CONTACT MADE? ☐ YES ☐ NO

17a. NAME	17b. E-MAIL ADDRESS	17c. TELEPHONE NO.

18. IF NO FAMILY CONTACT MADE, WHY NOT?

19. DIAGNOSIS / SPECIALTY NEEDS

20. FACILITY TRANSFERRED TO LOCATION			
20a. NAME	20b. TYPE *(MTF / VAMC / CIVILIAN)*	20c. TELEPHONE NO.	
20d. ADDRESS	20e. CITY	20f. STATE	
20g. CIVILIAN / TRICARE CERTIFIED? ☐ YES ☐ NO	20h. ALTERNATE LEVEL OF CARE		
20i. OTHER			
21. TRICARE REGION LOCATION			
21a. TRICARE REGION	21b. TELEPHONE NO.		
21c. ADDRESS	21d. CITY	21e. STATE	
22. HAVE THE FOLLOWING MILITARY PROCESSES BEEN INITIATED BY THE TRANSFERRING MTF?			
22a. MEDICAL BOARDS ☐ YES ☐ NO ☐ N / A	22b. PHYSICAL EVALUATION BOARD ☐ YES ☐ NO	22c. LIMITED DUTY ☐ YES ☐ NO	
22d. NON-MEDICAL ASSESSMENT / PROFILE / DUTY STATUS *(Based on branch of service)* ☐ YES ☐ NO ☐ N / A	22e. LINE OF DUTY ☐ YES ☐ NO ☐ N / A	22f. COMPETENCY EVALUATION ☐ YES ☐ NO ☐ N / A	
22g. MTF CONDUCTING BOARD	22h. POINT OF CONTACT		
23a. CLOSEST LOCAL MTF PAD / ADMIN OFFICE NOTIFIED OF TRANSFER *(Based on branch of service)* ☐ YES ☐ NO ☐ N / A			
23b. MMSO NOTIFIED ☐ YES ☐ NO DATE_____	23c. AUTHORIZATION FOR RELEASE OF INFORMATION OBTAINED ☐ YES ☐ NO		
24a. PROVIDER TO PROVIDER CONTACT ☐ YES ☐ NO WHY NOT _____	24b. DATE OF CONTACT		
25. TRANSFERRING PROVIDER			
25a. NAME	25b. E-MAIL ADDRESS	25c. TELEPHONE NO.	
26. RECEIVING / ACCEPTING PROVIDER			
26a. NAME	26b. E-MAIL ADDRESS	26c. TELEPHONE NO.	
27. DATE OF ACCEPTANCE	28. CM VERIFIED FACILITY NOTIFICATION / ACCEPTANCE ☐ YES ☐ NO		
29. PAYOR / AUTHORIZATION			
29a. AUTHORIZATION IF NON MTF FACILITY ☐ YES ☐ NO	29b. MMSO AUTHORIZATION ☐ YES ☐ NO		
30. MEDEVAC / AEROVAC STATUS / TRANSPORTATION COORDINATED ☐ YES ☐ NO			
31. FINAL TRANSFER ARRANGEMENT COMMUNICATED WITH			
31a. DISCHARGING MTF ☐ YES ☐ NO	31b. RECEIVING SITE ☐ YES ☐ NO	31c. RECEIVING REGION HSSC ☐ YES ☐ NO	

32. CONTINUE TO CASE MANAGE UNTIL RETIRED OR REASSIGNED TO ANOTHER REGION

☐ YES ☐ NO WHY NOT _____

33. CASE TRANSITIONED

☐ YES ☐ NO TRANSITION DATE _____

34. NEW CASE MANAGEMENT CONTACT INFORMATION

34a. NAME	34b. E-MAIL ADDRESS	34c. TELEPHONE NO.

35. CASE CLOSED

☐ YES ☐ NO DATE _____

36. CASE CLOSURE COMMENTS

37. CASE REFERRED TO	38. REFERRAL DATE
☐ MTF ☐ DoD ☐ VAMC ☐ FEDERAL ☐ STATE ☐ COMMUNITY RESOURCES	

39. REFERRAL COMMENTS

40. OTHER COMMENTS

41. PERSON COMPLETING FORM

41a. NAME (Printed)	41b. E-MAIL ADDRESS	41c. TELEPHONE NO.

41d. SIGNATURE	41e. DATE