

## PATIENT'S INFORMATION

1. I am aware that I have medical conditions to be evaluated. I can: <input type="checkbox"/> a. Stay attached to the MEDHOLD unit. <input type="checkbox"/> b. Decline MEDHOLD and request LOD for continued medical care at home of record.		2. My DEERS information has been updated <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. The conditions that I am being evaluated for are: a. _____ b. _____ c. _____			
4. The provider that I have been assigned to for coordination of my medical care:			
4a. Medical Provider Name	4b. Telephone Number	4c. E-Mail Address	
5. My care is scheduled for:			
5a. MTF POC	5c. Other POC		
5b. TRICARE Network POC			
6. Medical Evaluation Board POC (If scheduled)	7. Physical Evaluation Board POC (If scheduled)		
8. At the Board I can be found: <input type="checkbox"/> a. PEB (FIT) - Fit and be separated from active duty. <input type="checkbox"/> b. PEB (SEV) - Found unfit and be separated with a severance package. <input type="checkbox"/> c. PEB (PRDL) - Found unfit and be separated with transfer to the permanent retirement list. <input type="checkbox"/> d. PEB (TDRL) - Found unfit and be separated with transfer to the temporary disability list.			
9. If my family members need medical care while supporting me at the MEDHOLD site they may contact:			
9a. Family Member Medical Care POC	9b. Timeframe for their eligibility is:		
10. If I have pay issues while attached to the MEDHOLD site my POC is:			
10a. Pay Issue POC Name	10b. Telephone Number	10c. E-Mail Address	
11. The VA has training programs available. The VA POC is:			
11a. VA Training POC Name	11b. Telephone Number	11c. E-Mail Address	
12. I have been found: <input type="checkbox"/> a. Fit for Duty <input type="checkbox"/> b. Unfit for Duty			
13. I have a chronic condition that can be supported by the VA system.			
13a. My records will be transferred to the VA system as of:	13b. Telephone Number	13c. E-Mail Address	
14. My POC for follow-on appointments is:			
14a. Follow-on appointments POC Name	14b. Telephone Number	14c. E-Mail Address	
15. CM			
15a. CM Name	14b. Telephone Number	15c. Signature	15d. Date
16. Patient or POC			
16a. Signature			15b. Date