

**CHECKLIST FOR OPERATION IRAQI FREEDOM (OIF) / OPERATION ENDURING FREEDOM (EOF) PATIENTS
MEDICAL TREATMENT FACILITY**

1. NAME		2. RANK / RATE	3. SSN
4. BRANCH OF SERVICE <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USCG <input type="checkbox"/> OTHER _____		5. IF ACTIVE DUTY <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE	
6. COMMAND POINT OF CONTACT (POC)			
6a. NAME		6b. E-MAIL ADDRESS	6c. TELEPHONE NO.
7. CASUALTY ASSISTANCE CALLS OFFICER (CACO)			
7a. NAME		7b. E-MAIL ADDRESS	7c. TELEPHONE NO.
8. DETAILS			
9. TRICARE ENROLLMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		10. TSGLI INFORMATION INITIATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. FLEET			
11a. FLEET NOTIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		11b. CONTACT NAME	11c. CONTACT NUMBER
11d. DATE NOTIFIED		11e. PCM NAME	11f. CONTACT NUMBER
12. MULTI-DISCIPLINARY TEAM / SPECIALTY MDs			
13. SOCIAL WORK EVALUATION			
14. CHAPLAIN EVALUATION			
15. PAIN MANAGEMENT EVALUATION			
16. NEUROPSYCHIATRY			
16a. EVALUATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		16b. DATE SCHEDULED	16c. CONTACT NUMBER
17. DENTAL			
17a. EVALUATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		17b. DATE SCHEDULED	17c. CONTACT NUMBER
18. NEUROLOGY			
18a. EVALUATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		18b. DATE SCHEDULED	18c. CONTACT NUMBER
19. OPHTHALMOLOGY			
19a. EVALUATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		19b. DATE SCHEDULED	19c. CONTACT NUMBER

20. AUDIOLOGY		
20a. EVALUATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	20b. DATE SCHEDULED	20c. CONTACT NUMBER
21. PULMONARY		
21a. CONSULT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	21b. DATE SCHEDULED	21c. CONTACT NUMBER
22. NUTRITION		
22a. CONSULT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	22b. DATE SCHEDULED	22c. CONTACT NUMBER
23. REHAB		
23a. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	23b. DATE SCHEDULED	23c. CONTACT NUMBER
24. PEB / LIMDU		
24a. INITIATED <input type="checkbox"/> YES <input type="checkbox"/> NO	24b. DATE SCHEDULED	24c. CONTACT NUMBER
25. PRIMARY CM		
25a. NAME	25b. E-MAIL ADDRESS	25c. TELEPHONE NO.
25d. LOCATION		
26. OTHER CM		
26a. NAME	26b. E-MAIL ADDRESS	26c. TELEPHONE NO.
26d. LOCATION		
27. FAMILY / DESIGNEE		
27a. POC NAME	27b. E-MAIL ADDRESS	27c. TELEPHONE NO.
27d. LOCATION		
28. CARE CONFERENCE(S)		
28a. SCHEDULED DATES	28b. TELEPHONE NO.	
29. MISCELLANEOUS		
30. CM		
30a. NAME (Printed)	30b. E-MAIL ADDRESS	30c. TELEPHONE NO.
30d. SIGNATURE		30e. DATE