

**INSTRUCTIONS FOR COMPLETING DD FORM 2844,  
MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT**

**GENERAL.**

The DD Form 2844 is a prescribed form to be used when evaluating a patient with post-deployment health concerns when referred for care subsequent to screening using DD Form 2796, Post-Deployment Health Assessment Questionnaire, or when self-referred. The form, used as a part of the Post Deployment Clinical Practice Guideline will facilitate outpatient treatment record documentation by cueing patients and providers to annotate key aspects in the assessment, management, and treatment of patients with deployment related health concerns. The DD Form 2844 will be filed in the outpatient record with the standard form (SF) 600 in reverse chronological order. The DD Form 2844 may be used in lieu of the SF 600 to document outpatient treatment only for patients with health concerns that may be deployment related.

**Section I - Patient Vital Signs, Items 1 - 13** (Completed by provider and/or health care screener).

Items 1 - 9. Patient Assessment. Self-explanatory.

Item 10. Tobacco Use. Answer (X) yes or no to each question. Self-explanatory.

Item 11. Allergies. List any allergies or history of allergies. Mark X in the box if none known.

Item 12. Special Work Status. Military only. Self-explanatory.

Item 13. Duty Title in Current Assignment. Military only. Self-explanatory.

**Section II - Patient Information, Items 14 - 19.**

Item 14.a - z. Patient Symptoms. All items refer to current symptoms being experienced by the patient. Self-explanatory. (Completed by patient or by provider from patient responses.)

Item 15.a - e. Deployment History. Military only. List most recent deployment history (or history of deployment of concern). Self-explanatory.

Item 16. Deployment Concerns. Military only. Enter any additional information to describe the reason for the visit. Include any additional information that would assist in determining necessary treatment.

Item 17. Medications/Immunizations for this Deployment. Military only. Mark X as applicable and list any medications or vaccines/immunizations received just prior to or during the deployment.

Item 18. Patient Identification. Self-explanatory.

Item 19. Privacy Act Statement. Self-explanatory.

Item 19.a. Patient Signature. Self-explanatory. Ensure that all information requested is entered on the form and complete **before signing**.

Item 19.b. Provider Signature. Self-explanatory.

**Section III - Medical History, Assessment, Diagnosis, and Treatment, Items 20 - 30** (Completed by provider and/or health care screener).

**Part A - History of Present Illness.**

Item 20. Chief Complaint. Self-explanatory.

Item 20.a. Complete based on patient entries on items 14 - 17, review of medical records and/or screening and history.

Item 21. Record Previous Labs and Ancillary Test Results. Self-explanatory.

Item 22. Patient Questionnaires. Various patient questionnaires are available on the PDHealth web site ([www.pdhealth.mil](http://www.pdhealth.mil)). The patient health questionnaire (PHQ) evaluates the five most common groups of mental health disorders (mood, anxiety, alcohol, eating disorders and somatoform disorders), as well as women's reproductive health issues and psychosocial stressors affecting both men and women. The Patient Check List (PCL) evaluates for post-traumatic stress disorder and forms specific to military and civilian experiences are available. The Short Form 36 assesses both physical and mental functional status and provides a resource for the clinician to use to help in evaluating and managing the patient with multiple symptoms that do not have a clear etiology.

**Part B - Directed Physical Exam.**

Item 23. Significant Findings. Self-explanatory.

**Part C - Diagnosis.**

Item 24. Enter the diagnosis(es). Mark X in the deployment related ICD-9 Code box if applicable.

**Part D - Treatment Plan.**

Item 25. Enter treatment plan to include medications and additional studies. Self-explanatory.

**Part E - Referral.**

Item 26. X as applicable. Self-explanatory.

**Part F - Follow-up Appointment.**

Item 27. Next Appointment (X and complete as applicable). Self-explanatory.

Item 28. Duty Status (X one). Military only. Self-explanatory.

Item 29. Profile. Military only. Self-explanatory.

<b>INITIAL VISIT</b>	<b>MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT</b>	<b>DATE (YYYYMMDD)</b>
<b>FOLLOW-UP VISIT</b>		
<b>SECTION I - PATIENT VITAL SIGNS (Completed by Health Care Personnel)</b>		
<b>1. BP</b>	<b>2. PULSE</b>	<b>3. RESP</b>
		<b>4. TEMP</b>
		<b>5. HEIGHT</b>
		<b>6. WEIGHT</b>
		<b>7. BMI</b>
<b>8. AGE</b>	<b>9. GENDER (X)</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>10.a.</b> Do you use tobacco? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>b.</b> Do you want to quit? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>c.</b> Tobacco cessation materials offered? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>12. SPECIAL WORK STATUS (X)</b> <input type="checkbox"/> FLY <input type="checkbox"/> DIVE <input type="checkbox"/> JUMP <input type="checkbox"/> OTHER		<b>11. ALLERGIES</b>
<b>12. SPECIAL WORK STATUS (X)</b> <input type="checkbox"/> PRP? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>13. DUTY TITLE IN CURRENT ASSIGNMENT</b>
<b>SECTION II - PATIENT INFORMATION</b>		
<b>14. CIRCLE AS APPROPRIATE AND MARK EACH ITEM "YES" OR "NO":</b>		
<b>ARE YOU PRESENTLY BOTHERED BY:</b>	<b>YES</b>	<b>NO</b>
<b>ARE YOU PRESENTLY BOTHERED BY:</b>	<b>YES</b>	<b>NO</b>
a. Shortness of breath, wheezing or problems with wheezing		
b. Chronic cough or cough at night		
c. Fever/night sweats		
d. Chronic or frequent colds		
e. Ear, nose, or throat trouble		
f. Painful joints, tendons, or ligaments (e.g. pain, dislocation, etc.)		
g. Recurrent neck or back pain or any back problems		
h. Numbness or tingling		
i. Impaired use of arms, legs, hands, or feet		
j. Bone, joint, or other deformity		
k. Frequent indigestion or heartburn		
l. Skin diseases (e.g. acne, eczema, psoriasis, etc.)		
m. Persistent diarrhea or constipation		
n. Recent unexplained gain or loss of weight		
o. Tumor, growth, cyst, or cancer		
p. Dizziness or fainting spells		
q. Frequent or severe headaches		
r. A head injury, memory loss or amnesia		
s. Weakness or fatigue		
t. A period of unconsciousness or concussion		
u. Palpitation, pounding heart or abnormal heartbeat		
v. Heart trouble or murmur		
w. Nervous trouble of any sort (anxiety or panic attacks)		
x. Frequent trouble sleeping		
y. Anxiety, depression or excessive worry, nightmares		
z. (Females) A change of menstrual pattern or pelvic pain		
<b>15. DEPLOYMENT HISTORY (See DD Form 2766)</b>		
<b>a. OPERATION</b>	<b>b. COUNTRY</b>	<b>c. DATES DEPLOYED (YYYYMM)</b>
		<b>FROM</b>
		<b>TO</b>
		<b>d. DUTY ASSIGNMENT</b>
		<b>e. UNIT NAME</b>
<b>16. DEPLOYMENT CONCERNS</b>		
<b>17. MEDICATIONS/IMMUNIZATIONS FOR THIS DEPLOYMENT</b>		<b>19. PRIVACY ACT STATEMENT AND SIGNATURES</b>
<input type="checkbox"/> MALARIA CHEMOPROPHYLAXIS		<b>AUTHORITY:</b> Sections 1074f, 3013, 6013, 8013 Title 10, U.S. Code and E.O. 9397.
<input type="checkbox"/> MENINGOCOCCAL MENINGITIS		<b>PRINCIPAL PURPOSES:</b> To assess your state of health after deployment or for any deployment related concern and to assist military health care providers in identifying and providing present and future medical care to you.
<input type="checkbox"/> OTHER (Specify)		<b>ROUTINE USES:</b> To other Federal and State agencies and civilian health care providers, as necessary, in order to provide necessary medical care and treatment.
		<b>DISCLOSURE:</b> Voluntary. If not provided, health care WILL be furnished, but comprehensive care may not be possible.
<b>18. PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; grade; unit; sponsor SSN; date; hospital or medical facility)</b>		<b>a. PATIENT'S SIGNATURE</b>
		<b>b. PROVIDER'S SIGNATURE</b>

SECTION III - MEDICAL HISTORY, ASSESSMENT, DIAGNOSIS, AND TREATMENT (Completed by Health Care Provider)

PART A - HISTORY OF PRESENT ILLNESS

20. CHIEF COMPLAINT:

20a. COMMENT ON PATIENT IDENTIFIED SYMPTOMS, AND DEPLOYMENT CONCERNS FROM FRONT OF FORM

21. REVIEW OF LABS AND ANCILLARY TESTS PERFORMED FROM PREVIOUS VISITS

22. REVIEW OF PATIENT QUESTIONNAIRES (X as applicable) (NOTE: Forms available at www.PDHealth.mil/forms)

PHQ  PCL  SF - 36  OTHER

PART B - DIRECTED PHYSICAL EXAM

23. RECORD SIGNIFICANT FINDINGS

PART C - DIAGNOSIS

24. RECORD DIAGNOSIS INCLUDING ICD CODES

DEPLOYMENT RELATED, ICD-9 CODE V70.5\_\_6, CODED IN ADS

PART D - TREATMENT PLAN (NOTE: Recommended Labs are described in annotation G; box 7 of the CPG algorithm.)

25. MEDICATIONS/ANCILLARY STUDIES AND LABS

PART E - REFERRAL

26. (X and complete as applicable)

PART F - FOLLOW-UP APPOINTMENT

27. NEXT APPOINTMENT

NONE  1 - 3 WEEKS \_\_\_\_\_ WEEKS \_\_\_\_\_ MONTHS OTHER \_\_\_\_\_

28. DUTY STATUS

FULL DUTY  MODIFIED DUTY  QUARTERS  OTHER \_\_\_\_\_

29. PROFILE