



## Provider Instructions for Completing the DD Form 2792

This document guides medical providers through the completion of the DD Form 2792, Family Member Medical Summary.

### Purpose of the DD Form 2792:

Families are **required** to complete the DD Form 2792 for two different reasons:

1. Document **medical needs for potential enrollment into the Exceptional Family Member Program (EFMP)**, which supports military families with special medical and / or educational needs.
2. Document the potential **travel concerns of a family member during Family Member Travel Screening (FMTS)**. This information will be coordinated with the gaining FMTS Office to determine the availability of medical services at the projected duty location.

### Who completes the DD Form 2792:

- ✓ The **Sponsor, Parent or Guardian, or Person of Majority Age** completes the demographics requested on the form.
- ✓ A **Qualified Medical Provider** is responsible for assessing whether the services they are eligible to prescribe are within the scope of their practice and their state licensing requirements. A Qualified Medical Provider may include a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Nurse Practitioner (NP), or Advanced Practice Nurse (APN).

### What to do after you complete the form:

- ✓ Return the form back to the family, who will route the form accordingly.

## Additional Tips for Completing the Form:

- ❖ Complete each block with as much detail as possible; this form will help determine other needs of the family (e.g. housing accommodations) as well as medical services needed by the family member.
- ❖ **Pages 2-3** are completed by the **Sponsor, Parent or Guardian, or Person of Majority Age** and **Administrative Staff**.
- ❖ **Page 3** should be certified **AFTER** the Qualified Medical Provider has completed the form and it has been reviewed by the Sponsor, Parent or Guardian, or Person of Majority Age for completeness, legibility, and accuracy.
- ❖ **Pages 4-8\*** are completed and signed by the **Qualified Medical Provider**.
- ❖ Ensure that:
  - The form is fully completed and legibly written or stamped,
  - Frequency is noted properly on page 7\* (MEDICAL SUMMARY, PART B), and
  - The form is signed at the bottom of pages 4-8\* and has the required contact information of the Qualified Medical Provider. Be sure to complete **all** items in the Provider Information section, as it is possible that the section may be split between pages.

*\*Please note that the total length of the form may increase based on the number of lines added to the Medications section for each diagnosis.*