DEPARTMENT OF THE ARMY
WASHINGTON, D.C. 20310

HQDA Ltr 40-01-1

DASG-HS

26 March 2001

Expires 26 March 2003

SUBJECT: The Use of DD Form 2766 and DD Form 2766C

SEE DISTRIBUTION

1. **Purpose.** This letter prescribes two forms: DD Form 2766 (Adult Preventive and Chronic Care Flowsheet) and DD Form 2766C (Adult Preventive and Chronic Care Flowsheet--Continuation Sheet). The information in this letter will be incorporated into the next change to AR 40-66. When the change to AR 40-66 is published, it will supersede this letter.

2. **Proponent and exception authority.** The proponent of this letter is The Surgeon General. The Surgeon General has the authority to approve exceptions to this letter that are consistent with controlling law and regulation. The Surgeon General may delegate the approval authority, in writing, to a division chief within the proponent agency in the grade of colonel or the civilian equivalent.

3. **References.** Related publications and referenced forms are listed below.
a. AR 40-15, Medical Warning Tag and Emergency Medical Identification Symbol.
b. AR 40-66, Medical Record Administration.
c. AR 40-562/AFJI 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E, Immunizations and Chemoprophylaxis.
d. DA Form 5571, Master Problem List.
e. DA Form 8007, Individual Medical History.
f. DA Label 162, Emergency Medical Identification Symbol.
g. HHS Form PHS 731, International Certificate of Vaccination.
h. SF 600, Medical Record--Chronological Record of Medical Care.
i. SF Form 601, Health Record--Immunization Record.

4. **Explanation of abbreviations.**
a. AFJI----------Air Force joint instruction
b. AR----------Army regulation
c. BUMEDINST--------Bureau of Medicine instruction
d. CG COMDTINST--Coast Guard Command instruction
e. DA----------Department of the Army

Printed on Recycled Paper

f. DD----------Department of Defense
g. DOD----------Department of Defense
h. HEAR----------Health Enrollment/Evaluation Assessment Review
i. HHS----------Health and Human Services
j. JCAHO----------Joint Committee on Accreditation for Health Care Organizations
k. MTF----------military treatment facility
l. PCM----------primary care manager
m. PHCA----------Preventive Health Care Application
n. SF----------standard form
o. SSN----------social security number
p. USPSTF----------U.S. Preventive Services Task Force

5. Use of the forms.

a. DD Form 2766 replaces the current Service-specific patient problem list for active duty and non-active duty adult beneficiaries in all Services.

(1) For the Army, DD Form 2766 replaces DA Form 5571 (Master Problem List) for active duty members and non-active duty adult beneficiaries. The DA Form 5571 will continue to be used in the Civilian Employee Medical Record. The DD Form 2766 replaces DA Form 8007 (Individual Medical History) and Standard Form (SF) 601 (Health Record--Immunization Record) for active duty members only.

(2) The DD Form 2766 consolidates the information from DA Form 5571, DA Form 8007, and SF 601, giving providers in the field more information to streamline care and to help assure that all standards of care are met. The form will provide continuity of care in the TRICARE system and during deployment.

(3) The DD Form 2766 is designed to track clinical preventive services as reported by the U.S. Preventive Services Task Force (USPSTF) in the Guide to Preventive Services, 2nd ed.; TRICARE Prime Benefit package; Advisory Committee on Immunization Practices; and AR 40-562/AFJI 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E (covers immunization and deployment requirements). (Note: Sections are aligned for future use with the automated Preventive Health Care Application (PHCA) program to streamline data transference by nonmedical personnel.) Additional spaces are added in specific prevention areas to draw attention to high-risk areas and allow individualization of the form based on specific risk factors.

(4) The DD Form 2766 is intended as an interim measure until the PHCA is deployed to all sites and the form becomes automated.

b. The DD Form 2766 will replace DA Form 5571, DA Form 8007, and SF 601 for members of the U.S. Army Reserves and the Army National Guard when the next change to AR 40-66 is published. The Department of Defense (DOD) has mandated that this will occur not later than 1 April 1999.

c. The change to AR 40-66 will also prescribe the use of DD Form 2766 in place of DA Form 8007 for deployed civilians.

d. The DD Form 2766 is available in two constructions (folder and cut sheet).

(1) The folder construction will be used for active duty personnel. This construction is placed on the fasteners inside the existing DA Form 3444-series or DA Form 8005-series treatment folders. During deployments, DD Form 2766 will be removed from the treatment folder and accompany the individual to the field.

(2) The cut sheet construction will be used for non-active duty adult beneficiaries. This version consists of pages 1 and 2 only. Documentation of immunizations for these individuals will continue to be done on SF 601; if an automated immunization tracking system is in place, a printout from this system may be used instead of using an SF 601.

e. The DD Form 2766C may be used as a continuation sheet for either construction or for local requirements such as chemoprophylaxis. For example, if personnel run out of space for

deployment history in the six fields in block 11, data fields on DD Form 2766C can be changed to reflect the type of information required.

f. All information documented in the medical record is considered a part of the legal document. Superseded forms such as DA Form 5571 and DA Form 8007 will not be discarded from the medical record at any time.

(1) With the initiation of DD Form 2766, information from the current DA Form 5571 and DA Form 8007 will be transcribed onto DD Form 2766. Writing data in ink is required except in the "ordering exam" section, which is explained in the use of block 7 (para 7h below).

(2) If data are transcribed from the DA Form 5571 or the DA Form 8007, a line will be drawn through the information and the word Transcribed will be written along the line with the date, full name, rank, and Service-specific specialty code of the transcribing individual.

6. Source for the forms. Both the folder construction and the cut sheet construction are available through normal ordering channels.

7. Completion of the forms. Paragraphs i through m below apply only to the folder construction.

a. Identification data.

(1) Put an identification label in the "Patient Identification" block. Instead of this label, the patient's recording card may be used to stamp the form. Enter the individual's religion, race, and military occupational specialty or area of concentration along the bottom edge of this block.

(2) Legibly print the other requested identification data.

(3) For the folder construction, enter the social security number (SSN) in the hyphenated blocks along the top of the folder; enter the family member prefix in the circles to the left of these blocks.

b. Block 1--Allergies. Write the medication and other types of allergies within the area noted. Enter one of the following statements:

(1) Medical Warning Tag issued on (date); or

(2) Medical Warning Tag not issued.

c. Block 2--Chronic Illnesses. List chronic illnesses.

d. Block 3--Medications. In ink only, list the drug name and initiation date of significant or long-term medications. Do not include medications prescribed for acute illness or other short-term indications. Annotation of dosage, frequency, and purpose is optional and may be made in pencil to allow for adjustments. Line through long-term medications when discontinuing them.

e. Block 4--Hospitalizations/Surgeries. List hospitalizations and all surgeries, including dates.

f. Block 5--Counseling. The "Date," "Age," and "Topic" fields are intended to be filled in at the annual prevention assessment (for example, TRICARE Prime enrollment, or Preventive Health Assessment, or when the Service-specific health risk assessment (Health Enrollment/Evaluation Assessment Review (HEAR)) results are evaluated and the patient is counseled). Counseling is listed from general to specific. Place the letter associated with the type of counseling given in the corresponding "Topic" block (for example, "F" for Fitness). When all preventive health topics are addressed, write "all areas addressed" in the "Topic" block. Circle the letter that corresponds to the individual's high-risk profile. Extra blocks are provided for documentation of "outstanding" high risk preventive counseling accomplished at times other than the annual assessment (for example, alcohol abuse, mental health concerns, and so forth. This block is NOT to be used at every visit--document counseling initiatives on the current SF 600 (Medical Record--Chronological History of Medical Care) at every visit. The counseling block is not intended to take the place of quality counseling documentation on the SF 600 or assumed to be an official referral for further education at community-based services.

g. Block 6--Family History. In the larger block, fill in the family member's designation (for example, mother, father, and so forth) with the corresponding disease, using the key provided.

Specify the types of illness or disease. Document the age of the family member at the time of death if there is a correlation with the illness or disease process.

h. Block 7--Screening Exams. Exams are listed from general to specific. The form contains some elements of clinical preventive services and counseling that are mandated only for TRICARE Prime enrollees (for example, annual vision and dental exams). The availability of the full scope of the TRICARE preventive benefits package to other beneficiaries will be in accordance with regional TRICARE contract and local policy.

(1) Fill in the current year and age of the patient in blocks 7c and 7d and continue out for 6 years.

(2) Fill in the circles under the "Dates" field (block 7e) to denote the next time the test is due.

(3) Pencil in the date the exam is ordered.

(4) Use ink when the exam is completed and the results are written on the form.

(5) Use the proper key code or write in the actual results in the blocks.

(6) Update DD Form 2766 every time preventive care is ordered or performed, or results are returned.

i. Block 8--Occupational History/Risk. Check the appropriate box and list the exposure hazards as needed.

j. Block 9--Immunizations.

(1) Ink, sticker, rubber stamp, or automated documentation is required. The date and type of immunization must be recorded. Titers will be documented by the date and result, using the corresponding date square.

(2) Open data spaces are present to allow for flexibility of this form (for example, in case an injection or titer is required that is not presently listed).

(3) In accordance with the National Vaccine Injury Compensation Program, appropriate vaccine information must be recorded (per Service-specific regulatory guidance, AFJI 48-110/AR 40-562/BUMEDINST 6230.15/CG COMDTINST M6230.4E, and Health and Human Services (HHS) Form PHS 731 (International Certificate of Vaccination) for all personnel). The date square may be filled in by hand, stamp, sticker, or via automation in order to comply with national regulations. If documentation of the date and lot number is recorded in the medical record, it does not have to be duplicated on DD Form 2766. Attach the existing SF 601 to the fastener in the folder. The military treatment facilities (MTFs) may also use bar-coding to log in the lot information into their automated system.

(4) If an automated immunization tracking system printout is available, immunization information does not have to be transcribed by hand onto DD Form 2766. Instead, attach the automated printout to the fastener in the folder.

k. Block 10--Readiness. Enter the required information and the dates in the appropriate spaces.

(1) The optometry prescription will be written directly below the "Glasses/Gas Mask" description block. Changes of the prescription may be documented within the date block as needed. One of the blank fields may also be used for this information.

(2) If pregnancy is a possibility, use one of the blank spaces to write in the results of a pregnancy screen prior to deployment.

l. Block 11--Pre/Post Deployment History.

(1) Except for classified operations, document the deployment location as well as the completion date of the pre- and post-deployment evaluations. For classified operations, the record of deployment location will be maintained only in the personnel folder, along with any required pre- and post-deployment evaluations.

(2) The "Chart Audit" block (11c) is reserved for official inspections by the Joint Committee on Accreditation for Health Care Organizations (JCAHO) and for military inspections. It may also be used for the auditing of this form for the test survey. Place the audit date in the designated space.

m. Medical warning. Affix DA Label 162 (Emergency Medical Identification Symbol) to page 4 of DD Form 2766 for those individuals who have conditions that warrant the issuance of a medical warning tag in accordance with AR 40-15. This is necessary in case the DD Form 2766 is removed for deployment. Continue to place DA Label 162 on the outside of the DA Form 3444-series or DA Form 8005-series according to AR 40-15.

n. Chemoprophylaxis. Document the use of any chemoprophylactic agents on DD Form 2766C.

8. Disposition of the forms.

a. The DA Form 5571 and DA Form 8007 will remain with the medical record and be placed behind the current DD Form 2766 and the HEAR Primary Care Manager's (PCM) Report (when available). The DD Form 2766 will be located where the DA Form 5571 is currently located.

(1) When using the folder construction, the approved order of forms on the left side of the treatment folder is as follows: DD Form 2766, HEAR PCM Report, DA Form 5571, and DA Form 8007. The DD Form 2766C will be placed on the fastener on the right hand side of the DD Form 2766 folder.

(2) When using the cut sheet construction, the approved order of forms on the left side of the treatment folder is as follows: DD Form 2766, DD Form 2766C, HEAR PCM Report, DA Form 5571, and DA Form 8007.

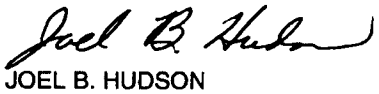
b. If an individual deploys, the DD Form 2766 will be photocopied prior to deployment and the copy will be kept in the medical record. The original DD Form 2766 will accompany the individual to the field. The DD Form 2766 will serve as the treatment folder while the individual is deployed; other forms such as SF 600 will be filed on the fastener inside the DD Form 2766.

c. The photocopy of the DD Form 2766 will be removed and shredded when the original is placed back into the record. Forms that had been filed inside the DD Form 2766 folder will be removed and filed in the regular treatment folder according to AR 40-66.

By Order of the Secretary of the Army:

ERIC K. SHINSEKI
General, United States Army
Chief of Staff

Official:



JOEL B. HUDSON
Administrative Assistant to the
Secretary of the Army

Distribution:

HQDA (DASG-ZA)

COMMANDER
U.S. MEDICAL COMMAND

CF:
HQDA (SAMR)
HQDA (DAPE-ZA)

HQDA (NGB-ZA)
HQDA (DAAR-ZA)
U.S. ARMY FORCES COMMAND
U.S. ARMY MATERIEL COMMAND
U.S. ARMY TRAINING AND DOCTRINE COMMAND