

Footnotes To DD Form 2796 Screening Pathway

(a) Review 2796 for positive answers to general health questions, occupational/environmental (O/E) and mental health exposures and concerns. O/E exposures come from the ambient environment (such as surrounding air, food, water, dirt/dust/sand, or insects), specifically from an occupational exposure (directly related to their MOS or job functions), or from a service member's wartime activities/military agent usage s/he was involved in. For mental health, pay particular attention to the following items and gather additional information as needed:

- A desire for assistance (**item 10**),
- ANY concerns about self-harm (**item 11c**),
- “A LOT” to any of the other depression screening items (**item 11**),
- Three or more of the acute stress disorder/post-traumatic stress disorder screening items (**item 12**)
- ANY concerns over loss of control (**item 13b**)

(b) Review physical and mental health symptoms on 2796 and through interview and/or possibly a limited physical exam. The medical record or the history by the service member may provide information on a likely cause for some symptoms listed (e.g. orthopedic injuries). Some symptoms may be associated with exposures, or may be perceived by the service member to be associated. It will be difficult in some cases to rule in or out an exposure cause, especially during the screening.

(c) Use clinical judgment to determine if further care is needed in one or more areas. You may have concerns about the individual's mental health based on his/her responses on the 2796 and/or your interview. You may also be concerned about O/E exposures if you suspect a possible linkage between exposures and symptoms. If a linkage is suspected, or the service member feels this is a top exposure concern, possible follow-on questions may include:

- Agent/exposure: _____
- Date and location (Nearest city/troop camp) of exposure: _____
- How did you determine you were exposed? () Env. testing () NBC Alarm/Monitor () Inhaled it
() Got on Skin () Read report/Heard fm others () Penetrating wound/imbedded fragment
- How much exposure did you have? () High/frequent () Med/Occasional () Low/Rare
() Not sure
- Has the exposure caused health problems for you and/or did you go to sick call for them?
() No () Yes
- Did you use protective equipment? () No () Yes

(d) Provide the service member a fact sheet for each specific mental health and/or exposure concern. These are available on the PDHealth website for general mental health issues and for each of the exposures listed in **item 14**. There are those aimed at the HCP and those aimed at the service member. These fact sheets provide information about what health effects these exposures and/or issues may cause, and what levels of exposure may cause harm.

(e) If service member needs more thorough evaluation, refer for a follow-up appointment with primary care provider or, if warranted, with a specialist. Mental health referrals - particularly for possible harm to self (**item 11c**) or to others (**item 13b**) - should be seen ASAP.

(f) Even in the absence of existing symptoms, some redeploying service members may have concerns related to biological, chemical, physical substance/agent exposures, or psychosocial trauma which they experienced, or believe they experienced, during this deployment. These concerns usually center on current health effects, long-term health effects (such as cancer), and/or threat of harm to their spouses or children (born or unborn). These concerns are real and must be taken seriously. Provide information sensitively and honestly.

(g) Provide each service member a fact sheet listing information and resources should concerns and/or symptoms appear at a later date.