

Civilian Medical Provider's Functional Assessment

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 104-191; E.O 9397 (SSAN); DoD 6025.18R.

PRINCIPAL PURPOSE(S): This form is to provide the Texas Army National Guard (TXARNG) Medical Case Management personnel with pertinent medical treatment information for a TXARNG Service Member's past or present medical condition(s).

ROUTINE USE(S): Information provided on this form by a civilian medical provider for a TXARNG service member's past or present medical condition(s) is exclusively utilized to formulate the military medical treatment plan of care in order to determine the service member's medical availability for continued military service IAW AR 40-501, Standards of Medical Fitness and any other applicable TXMF established policies.

DISCLOSURE: Voluntary; however, failure to provide information can result in the significant delay of the service member's military medical plan of care, determination(s), and/or the processing of current or future Physical Disability Evaluation System (PDES) procedures.

Thank You for taking the time to provide this important medical treatment information for your patient serving in the Texas Army National Guard. Please be as specific as possible with the diagnosis (in medical terms), prognosis, and any applicable limitations (*temporary* i.e., expected to last less than 1-year or *permanent*, i.e., restrictive over 1-year). The information you provide will help to collaborate and guide your patient's military medical care with the appropriate TXARNG medical services providers and will help the TXARNG case managers to facilitate, support, and disposition your patient's medical plan of care.

SECTION I – PATIENT DATA *(Completed by MRNCO OR SOLDIER)*

1. NAME <i>(Last, First, Middle Initial)</i>	2. DATE OF BIRTH <i>(YYYYMMDD)</i>	3. EDIPN <i>(CAC ID Number)</i>
4. UNIT <i>(UIC)</i>	5. UNIT OF ASSIGNMENT	6. DATE OF REQUEST



Please provide specific information related to your patient's medical conditions in order to assist the TXANRG in determining the service member's availability for worldwide military deployment and/or thier capacity for continued service in the United States military. This information will help facilitate the expedient processing of the service member's military plan of care. Please detail the medical condition(s) you are currently, or have treated, in the last 90-days.

SECTION II – MEDICAL CONDITIONS

7a. CONDITION # 1	ICD-10 Dx Code	ICD-10 NARRATIVE <i>(In lay terminology)</i>
7b. CONDITION # 2 <i>(if any)</i>	ICD-10 Dx Code	ICD-10 NARRATIVE <i>(In lay terminology)</i>

SECTION III – CIVILIAN PROVIDER TREATMENT PLAN

CLINIC NAME	PROVIDER NAME
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8. Please provide your medical treatment plan of the condition(s) above and the likely improvements or deteriorations that you expect of the service member's diagnosed conditions above. Please include any; pertinent laboratory tests performed, results of imaging studies, or physical findings you have encountered that are not explained by the service member's medical treatment records.

Condition #1	Treatment Plan:
Condition #2	Treatment Plan:

SECTION IV – CIVILIAN PROVIDER PROGNOSIS

9. Please provide your medical prognosis of the service member's condition(s) as they pertain to the questions below:

9a. Do you expect the service member's recovery period to be greater than one year from onset?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9b. If less than one year, how many weeks/months recovery are anticipated?	No. of weeks _____	No. of months _____

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SECTION IV – CIVILIAN PROVIDER PROGNOSIS (CONT.)

9c. Provide the date you feel is optimal for the service member to return to limited, or light duty, work:	MONTH / DAY / YEAR
9d. Can the service member safely operate a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please detail below any necessary lifting, carrying, standing or marching specific restrictions for your patient.
9e. Do you recommend lifting or carrying weight restrictions? *Yes <input type="checkbox"/> No <input type="checkbox"/>	*No carry/lift weight greater than _____ lbs.
9e. Do you recommend standing or marching time restrictions? *Yes <input type="checkbox"/> No <input type="checkbox"/>	*No standing time greater than _____ mins.
9f. Do you recommend marching distance restrictions? *Yes <input type="checkbox"/> No <input type="checkbox"/>	*No marching distance greater than _____ miles.

SECTION V – SERVICE MEMBER'S PHYSICAL FITNESS TRAINING ASSESSMENT

10. Please provide your medical opinion of the service member's ability to participate in the Army Combat Fitness Test: Please see page 3 for description

10a. Maximum Dead Lift (min. 140(M)/120(F)lbs) Max _____ lbs Yes <input type="checkbox"/> No <input type="checkbox"/>	10e. Perform a low plank Yes <input type="checkbox"/> No <input type="checkbox"/>
10b. Standing Power Throw (10lb ball backwards/overhead) Yes <input type="checkbox"/> No <input type="checkbox"/>	10f. Run 2 miles Yes <input type="checkbox"/> *No <input type="checkbox"/>
10c. Hand Release Push-up Yes <input type="checkbox"/> No <input type="checkbox"/>	*Alternate event. Please mark all that apply None <input type="checkbox"/>
10d. Sprint-drag-carry event Yes <input type="checkbox"/> No <input type="checkbox"/>	2.5 mile walk <input type="checkbox"/> 1K Swim <input type="checkbox"/> 12km Bicycle <input type="checkbox"/> 8km Row <input type="checkbox"/>

SECTION VI – SERVICE MEMBER'S MILITARY COMMON TASKS ASSESSMENT

11. All service members perform the military common tasks listed below. In your medical opinion, is it safe for the SM to do the following?

11a. Physically and/or mentally able to carry and fire their assigned weapon (<i>i.e. firearm, rifle, pistol</i>)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11b. Ride in a military vehicle while wearing all usual protective gear without worsening their condition(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11c. Wear their helmet, body armor*, and load bearing equipment (LBE) without worsening their condition(s) <small>*Body armor, known as the Improved Outer Tactical Vest (IOTV), when fully equipped weighs 30 to 50 pounds</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11d. Wear protective mask and MOPP* for at least 2 continuous hours per day without worsening their condition(s)? <small>*Mission Oriented Protective Posture (MOPP) is a flexible system of protection against chemical, biological, and radiation contamination where the service member is required to wear a protective mask and overclothing that imposes work-rate limitations depending upon the environmental conditions employed in, i.e. ambient temperature, humidity, etc.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11e. Move greater than 40 lbs. while wearing protective gear (helmet, weapon, body armor, and LBE) up to 100 yards without worsening their condition(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11f. Live and function, without restriction, in any geographic or climatic area without worsening their condition(s)? <small>*An austere environment for members of the military can involve temperature extremes in excess of 120°F and below 0°F, elevations above 4,000 ft., extended periods of time without the availability of personal hygiene. Conditions must be tolerated, isolated from medical care, for no less than 72-hours without worsening the Soldier's medical condition(s).</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. Are any of the restrictions/limitations on this form permanent or have reached maximum medical improvement Yes No

SERVICE MEMBER NAME: (Last, First MI)

DODID:

SECTION VI – CIVILIAN PROVIDER DEMOGRAPHICS

13. PROVIDER'S NAME	14. PRIMARY MEDICAL SPECIALTY
15. CLINIC ADDRESS	16. CITY, STATE & ZIP CODE
17. CLINIC PHONE	18. CLINIC FAX or EMAIL
19. PROVIDER'S SIGNATURE	20. DATE SIGNED MONTH / DAY / YEAR

SECTION VII – TXARNG USE ONLY

21. DATE OF MILITARY ASSESSMENT (MILITARY PROVIDER) DATE: _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	22. MEDCHART CASE #	23. EMMPS CASE # (if applicable)
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Event #1 - Maximum Dead Lift (MDL)

- a. Squat to touch the hands to mid-calf level while maintaining a flat back
- b. Lift a weighted bar (of at least 140 pounds) from the floor with the arms straight at the side?



Event #2 – Standing Power Throw (SPT)

- a. Grasp a 10 pound medicine ball in both hands, bend at the hips/knees to lower it between the legs
- b. Throw 10 pound medicine ball backward and overhead



Event #3 – Hand Release Push-up (HRP)

- a. Perform a standard push-up from start to finish
- b. Lie down in a push-up position, move both arms out to the side, extending the elbows to a T position



Event #4 – Sprint Drag Carry (SDC)

- a. Sprint 50 meters
- b. Grasp a two-handed strap and move backwards pulling a sled with two 45-pound weights
- c. Move in a lateral direction while leading with the left foot and repeat while leading with the right foot
- d. Move in a forward direction while carrying a 40 pound kettle bell in each hand



Event #5 – The Low Plank

- a. Kneel and place both forearms on the ground
- b. From a kneeling position extend legs into the low-plank position and hold for approximately 90 seconds



Event #6 – Primary Cardio-2 Mile Run (2MR)

Run 2 miles on level terrain

Alternate Cardio Event

* **Alternate Cardio Event is only to be included if Soldier is deemed unable to participate in ACFT Event #6 above ***

		Alternate Events (Go/No-Go) (Overall time for required distance - minutes and seconds)																			
		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52-56		57-61		Over 62	
Event		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2.5-mile Walk		31:00	34:00	30:45	33:30	30:30	33:00	30:45	33:30	31:00	34:00	31:00	34:00	32:00	35:00	32:00	35:00	33:00	36:00	33:00	36:00
Stationary Bike:	12 km Bike	26:25	28:58	26:12	28:31	26:00	28:07	26:12	28:31	26:25	28:58	26:25	28:58	27:16	29:50	27:16	29:50	28:07	30:41	28:07	30:41
Lap Pool Swim:	1 km Swim	30:48	33:48	30:30	33:18	30:20	32:48	30:30	33:18	30:48	33:48	30:48	33:48	31:48	34:48	31:48	34:48	32:50	35:48	32:50	35:48
Ergometric Machine:	5 km Row	30:48	33:48	30:30	33:18	30:20	32:48	30:30	33:18	30:48	33:48	30:48	33:48	31:48	34:48	31:48	34:48	32:50	35:48	32:50	35:48