

SM Exhibit I



**CONSULTATION REFERRAL
MEDICAL DIVISION**

PD 429-180 (Rev. 8-00) Pent

SOCIAL SECURITY #

DATE

MED. DIST. #

CLINIC #

RANK

NAME (LAST, FIRST, M.I.)

COMMAND 031	TAX REGISTRY #	COMMAND PHONE # (718) 574-0441
ON SICK REPORT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LINE OF DUTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF LINE OF DUTY
DOCTOR TO WHOM REFERRED: Psych		CONSULTATION SPECIALTY PSYCHOLOGICAL EVALUATIONS.
APPOINTMENT DATE & TIME		NOTIFIED BY:

REASON FOR REQUEST / SPECIFIC QUESTIONS TO BE ANSWERED: (IF OTHER THAN THOSE LISTED BELOW)

Need more 2nd shift on job
How available

NAME OF REQUESTING SURGEON (Printed)

SURGEON'S SIGNATURE

**CONSULTANT'S REPORT - PRINT OR TYPE ANSWERS TO ALL QUESTIONS CHECKED,
IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE.**

DIAGNOSIS:

stress/anxiety

TREATMENT RECOMMENDED:

psychotherapy - recommend CBT to improve coping skills & reduce physical symptoms of stress

PROGNOSIS:

Good, with treatment

DUTY CAPABILITY: (INDICATE ACTIVITIES TO BE EXCLUDED)

CONTINUE ON SICK REPORT LIMITED CAPABILITY RESTRICTED DUTY FULL DUTY

4/13/09 arranged to Psych - OK

APPROX. RETURN TO DUTY? 730 1
 DO YOU WISH TO SEE THIS PATIENT AGAIN? YES NO. If so, when? 730

DATE	CONSULTANT'S NAME (PRINTED)	SIGNATURE
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