

SM Exhibit I



**CONSULTATION REFERRAL
MEDICAL DIVISION**

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

SOCIAL SECURITY #

DATE

MED. DIST. #

CLINIC #

RANK

NAME (LAST, FIRST, M.I.)

COMMAND

TAX REGISTRY #

COMMAND PHONE #

ON SICK REPORT

LINE OF DUTY

DATE OF LINE OF DUTY

CONSULTATION SPECIALTY

YES NO

YES NO

APPOINTMENT DATE & TIME

NOTIFIED BY:

DOCTOR TO WHOM REFERRED:

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

Handwritten notes in the reason for request section.

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 - recommended 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

APPROX. RETURN TO DUTY?

DO YOU WISH TO SEE THIS PATIENT AGAIN?

YES NO

If so, when?

DATE

CONSULTANT'S NAME (PRINTED)

SIGNATURE

DISTRIBUTION: ORIGINAL - DISTRICT SURGEON DUPLICATE - CONSULTANT TRIPLICATE - DISTRICT SURGEON VIA MEMBER OF THE SERVICE

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