



Provider Instructions for Completing the DD Form 2792

This document guides medical providers through the completion of the DD Form 2792, Family Member Medical Summary.

Purpose of the DD Form 2792:

Families are **required** to complete the DD Form 2792 for two different reasons:

1. Document **medical needs for potential enrollment into the Exceptional Family Member Program (EFMP)**, which supports military families with special medical and / or educational needs.
2. Document the potential **travel concerns of a family member during Family Member Travel Screening (FMTS)**. This information will be coordinated with the gaining FMTS Office to determine the availability of medical services at the projected duty location.

Who completes the DD Form 2792:

- ✓ The **Sponsor, Parent or Guardian, or Person of Majority Age** completes the demographics requested on the form.
- ✓ A **Qualified Medical Provider** is responsible for assessing whether the services they are eligible to prescribe are within the scope of their practice and their state licensing requirements. A Qualified Medical Provider may include a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Nurse Practitioner (NP), or Advanced Practice Nurse (APN).

What to do after you complete the form:

- ✓ Return the form back to the family, who will route the form accordingly.

Additional Tips for Completing the Form:

- ❖ Complete each block with as much detail as possible; this form will help determine other needs of the family (e.g. housing accommodations) as well as medical services needed by the family member.
- ❖ **Pages 2-3** are completed by the **Sponsor, Parent or Guardian, or Person of Majority Age** and **Administrative Staff**.
- ❖ **Page 3** should be certified **AFTER** the Qualified Medical Provider has completed the form and it has been reviewed by the Sponsor, Parent or Guardian, or Person of Majority Age for completeness, legibility, and accuracy.
- ❖ **Pages 4-8*** are completed and signed by the **Qualified Medical Provider**.
- ❖ Ensure that:
 - The form is fully completed and legibly written or stamped,
 - Frequency is noted properly on page 7* (MEDICAL SUMMARY, PART B), and
 - The form is signed at the bottom of pages 4-8* and has the required contact information of the Qualified Medical Provider. Be sure to complete **all** items in the Provider Information section, as it is possible that the section may be split between pages.

**Please note that the total length of the form may increase based on the number of lines added to the Medications section for each diagnosis.*