

N95 NAVY WOUNDED WARRIOR-SAFE HARBOR (NWW-SH)

REFERRAL INTAKE WORKSHEET



I. General Information

Date intake or walk-in received:	N95 Staff Member completing worksheet:	N95 Region:
Referral Source - How did the Service member hear about NSH(Command/Website/Print Advertisement/Medical/other (please specify):		

II. Service Member Information

Print Name (Last, First MI):	Branch of Service : Navy/ Coast Guard
	Duty Status: AC/RC
	Duty Status (ACC if known): FULL/LIMDU (#_____)
Current Command Name and Geographic Location:	
Service Member's Local Address:	
Primary Phone Number (Please indicate if home, mobile or work):	Secondary Phone Number: Annotate name and circle relationship (spouse/family member/caregiver)
Primary Email Address:	Secondary Email Address: Annotate name and circle relationship (spouse/family member/caregiver)
Best way to contact Service Member: Phone/Email or Both	Best Time to Contact Service Member: AM/PM
Additional pertinent information:	

III. Incident Information - Please provide details regarding request for referral

Date Wounded/Injured:	Date of Illness (estimate):	Date of Injury (estimate):
BI /NBI		Shipboard/Liberty/Other
PTSD: No/Yes	Mild/Moderate/Severe /Chronic	TBI: No/Yes
Brief description of reason for referral/diagnosis/prognosis:		
Medical Facility Name and inpatient dates:		
Primary Care Provider:	Phone Number:	Email Address:
Nurse Case Manager:	Phone Number:	Email Address:
LIMDU initiated: Y/N	Medical Board Initiated: Y/N	Is there a LODI: Y/N
What period of LIMDU: _____	Date: _____ Status: _____	Status: _____
	PEBLO Assigned?	

IV. Final Disposition (To be completed by Regional N95)

Disposition	Comments (indicate why this determination was made)	Date	Signature
<input type="checkbox"/> Handled at the Regional N95 level			
<input type="checkbox"/> Forward to HQ N95 for Enroll/Assist Determination (Please ensure following is complete or state in NNCMS why not): <ul style="list-style-type: none"> Case created in NNCMS NMCM assigned Initial Assessment Completed Referral Uploaded DD 2870 Signed 			

HIPAA NOTICE:

Information contained herein includes Protected Health Information (PHI) as well as Individually Identifiable Health Information (IIHI), both of which are domains of data and information formally-designated under the Health Insurance Portability and Accountability Act of 1996, and include special protections against usage and dissemination as described under Part II, 45 CFR 164.501.

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