

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

TAX REGISTRY #

COMMAND PHONE #

ON SICK REPORT

YES NO

LINE OF DUTY

YES NO

DATE OF LINE OF DUTY

CONSULTATION SPECIALTY

PSYCHOLOGICAL EVALUATIONS

DOCTOR TO WHOM REFERRED:

Psych

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?

TBD 1

DO YOU WISH TO SEE THIS PATIENT AGAIN?

YES NO

If so, when?

TBD

DATE

CONSULTANT'S NAME (PRINTED)

SIGNATURE

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

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