

**UNIT NAME (4 LINES MAX)**

UNIT ADDRESS

STREET ADDRESS

CITY, HAWAII ZIPCODE+4

**UNIT SYMBOL**

**XX Month 20XX**

MEMORANDUM THRU Health Services Specialist, Joint Force Headquarters, Hawaii Army National Guard (NGHI-PER-SPT), 91-1227 Enterprise Avenue, Kapolei, HI 96707-2150

**UNIT, Unit address**

FOR Chief, National Guard Bureau (ARNG-HRP-P), 111 South George Mason Drive, Arlington, VA 22204-1382

SUBJECT: Referral Statement for **RANK LAST, FIRST NAME (XXX-XX-Last4SSN)**

1. Request **Rank Name** be evaluated for RCMC-T/M State managed care orders for a maximum of 179 days.
2. PAST HISTORY: **Rank/Name** currently has an unresolved medical condition that occurred while on **status** and entitled to military pay, allowances, and benefits; and has been evaluated through our State Case Management team. Through a case review of his medical condition, **Rank/Name** has been found to need further evaluation and/or treatment.
3. PRESENT STATUS: I recommend that **Rank/Name** be placed on State Managed RCMC-T/M orders for short-term medical management. I acknowledge that a medical plan and prognosis summary has been included in the Soldier's medical packet. I have been involved with this process through interaction with members of our state's Case Management team. I have verified Soldier did not sign a Declination of Care. I recommend approval of the suggested treatment plan that was based on medical evaluation and documentation. This supporting medical documentation is located:

**HRR – index**

**MEDCHART LOD Module – Case #**

**eProfile - Expiration date of SMs Profile**

**eCase – Case #**

4. MEDICAL PLAN and PROGNOSIS: As attached in Soldier's medical packet (document locations referenced above).

**UNIT SYMBOL**

**SUBJECT: Referral Statement for RANK LAST, FIRST NAME (XXX-XX-Last4SSN)**

5. The point of contact for this memorandum is the undersigned at  
[military.email.mil@mail.mil](mailto:military.email.mil@mail.mil) or (808) XXX-XXXX.

SIGNATURE BLOCK  
RANK, BRANCH  
Commanding