

## **Overview of DD Form 2900 Post-Deployment Health Reassessment (PDHRA)**

[DD Form 2900, Jun 05](#) is divided into 4 sections: demographic data; health history and concerns; health assessment and referral; and ancillary staff/administrative.

**Demographic Section.** The Demographic Section, which is completed by the service member, includes questions regarding the service member's name, status, location, information on most recent deployment, and contact information.

**Health History and Concerns Section.** The Health History and Concerns Section, which is completed by the service member, consists of 16 questions designed to identify health concerns and conditions that have emerged following the most recent deployment. The questions in this section fall into four categories:

**General Health.** Questions 1-6 screen for general health status. In this section, the service member is asked to rate their health during the PAST MONTH; compare their post- to their pre-deployment health status; indicate health care use since deployment and whether they were injured during the deployment; and identify any current health concerns or conditions related to the most recent deployment.

**Exposure Concerns.** Question 7 screens for any persistent major concerns regarding the health effects of any exposures that the service member believes he/she encountered during this deployment.

**Mental Health.** Questions 8-12 screen for mental health concerns and conditions, adjustment problems and behavioral risks. The mental health domains covered on the form include depression, post traumatic stress disorder, alcohol abuse, and interpersonal conflict. Question 12 asks about functional impairment.

**Request for Assistance.** Questions 13-16 allow service members to indicate the types of information and assistance they would like to have.

**Provider Health Assessment and Referral Section.** The Health Assessment and Referral Section must be completed by a credentialed health care provider (HCP). The HCP must be a Physician, Physician Assistant, Nurse Practitioner, Independent Duty Corpsman, or Independent Duty Medical Technician. The questions in this section are divided into two categories:

**Provider Review and Interview.** In Items 1-4, the HCP reviews the answers from the Health History Section with the service member and documents any modifications or clarifications to the answers based on the interview. The HCP also assesses the service member's potential for harming self or others and documents any additional service member questions or concerns.

**Assessment and Referral.** Based on the review of the form with the service member, the HCP determines the need for further evaluation and follow-up and documents the concerns/conditions in Item 5 and referrals in Item 6. Individuals requesting mental health or community service support may be referred directly to the requested professional. Otherwise referral to primary care for further evaluation or treatment under the DoD/VA Post-Deployment Health Clinical Practice Guideline is the preferred course of action. Item 7 allows the HCP to add any comments and Item 8 requires the provider's name and signature.

**Ancillary Staff/Administrative Section.** The Ancillary Staff/Administrative Section consists of two administrative questions under which an Ancillary Staff member must document the type of health information that was provided to the service member, the type of referrals that were made, and if the service member declined to complete the form or accept a referral.

**Completion of Form.** The DD Form 2900 must be completed electronically. Even if it is reviewed in paper format, the responses must be entered into an electronic copy after which a paper copy is printed and placed in the service member's permanent medical record. The data must then be forwarded electronically to the Army Medical Surveillance Activity (AMSA) at Walter Reed Army Medical Center for inclusion in the Defense Medical Surveillance System.