



# Airman Medical Transition Unit (AMTU)

## Attachment (MTDY) Worksheet



DAFMAN 48-108

7.2.4. Service members Home Station PCM, mental health provider or Chief of the Medical Staff (SGH) identify and communicate to receiving provider(s) at TDY location all risk factors requiring close oversight and coordination of care during TDY, examples include, but are not limited to: current or history of traumatic brain injury, current or history of substance use disorder, current or history of suicidal ideation or attempt, TDY is for mental health and/or substance use disorder partial hospitalization program, TDY is for mental health and/or inpatient hospitalization.

**Instructions:** To request a Medical TDY (MTDY) Attachment to an AMTU, the Airman/Guardian's home station SGH ensures all sections are complete, signs & forwards worksheet to the **accepting SGH and AMTU Org Box** (address below). **MDTY orders must also be provided** upon approval of SGH.

**Patient Information:**

(Rank) Last Name, First Name: \_\_\_\_\_

Full SSN/DOD ID: \_\_\_\_\_ Contact Information (Phone/Email): \_\_\_\_\_

**Patient Unit Information:**

Unit: \_\_\_\_\_ AFSC: \_\_\_\_\_ DEROS (if CONUS): \_\_\_\_\_

SGH Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Commander Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

First Sergeant Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

***Diagnosis(es)/condition(s)/Clinical***

Summary:

**Onset Date:**

**Expected Duration of MTDY Treatment:**

**AMTU (MTDY) Attachment Criteria (check all that apply):**

- MTDY exceeds or is expected to exceed 20 days.
- Care delivered while member is MTDY will take place at or near an AF installation with permanent AMTU.
  - Travis AFB (David Grant Medical Center)
  - JBSA Lackland (Wilford Hall Ambulatory Surgical Center/SAAMC or associated facilities)
  - Joint Base Andrews (Walter Reed National Military Medical Center or associated facilities)
- Member's Home Station Primary Care Manager (PCM), Medical Management Team member, or SGH determine the condition requiring treatment while TDY to be high acuity, examples include but are not limited to:
  - Advanced stage cancer
  - Polytrauma requiring extensive treatment/rehabilitation
- Member's Home Station PCM, Mental Health Provider (MHP) or SGH identify risk factors requiring close oversight and coordination of care during TDY, examples include, but are not limited to:
  - Current or history of traumatic brain injury (TBI).
  - Current or history of suicidal ideation or attempt.
  - TDY is for mental health and/or substance use disorder partial hospitalization program.
  - TDY is for mental health and/or substance use disorder inpatient hospitalization.
- Required by law or regulation **[NOTE: when a member is sent to a civilian facility as an inpatient, TRICARE Operations and Patient Administration (TOPA) at the Member's home station is required to send Absent Sick notification to the nearest Air Force MTF]**
- Other consideration by Member's Commander or any member of the Member's care team that it would be in Member's best interest to be attached to an AMTU while receiving treatment TDY (specify on next page):

Is Medical Retention of Member in question?      Yes                      No  
 Is Member currently enrolled in IDES?              Yes                      No  
 Home Station PEBLO informed of Member's AMTU Attachment (MTDY)?      Yes                      No

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Station Nurse Case Manager Assigned?      Yes                      No

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Will the case likely become an AMTU Assignment (PCS) case in the future?      Yes                      No

**[NOTE: If YES, notify AFPC/DPMNR]**

**Additional Information for cases meeting criteria for AMTU Attachment (MTDY):**

Proposed Date of Arrival (TDY): \_\_\_\_\_

Name of Accepting AMTU Flt/CC: Maj Jaime J. Pons Valerio

Email: jaime.j.ponsvalerio.mil@health.mil      Office Phone: (210) 292-5989 (DSN 554)

Will a Non-medical Attendant (NMA) accompany Member:      Yes                      No

NMA Name/Rank (if military) and Phone Number: \_\_\_\_\_

**For cases meeting criteria for AMTU Attachment (TDY), support discussed and agreed upon (check all that apply):**

Support for No Shows for Scheduled Appointments

- For care delivered at the AMTU MTF, AMTU SGH will ensure designated AMTU staff are notified when the Member No Shows for scheduled appointments.
- For care delivered at a civilian facility or another service/DHA MTF, Home Unit SGH will work with accepting SGH (or designated member of Accepting AMTU staff) and the civilian or other service/DHA MTF to be notified if the Member No Shows for a scheduled appointment.
- For all No Shows for scheduled appointments while a member is Attached (TDY) to the AMTU, designated Accepting AMTU staff members will make contact with the Member for safety and accountability, and notify Home Unit SGH and Member's Commander or First Sergeant (listed on page one of this form).

Home Station SGH identified transportation needs for Member necessary to enable care.

Continuity of mental health and/or substance use treatment is required while the Member is TDY for care for a non-mental health or substance use medical condition.

Other support requested or special circumstances from page 1 (please describe):

Home Unit SGH Electronic Signature: \_\_\_\_\_

**\*Note: Member is not attached until final approval from AMTU SGH is confirmed\***

**Medical TDY of a shorter duration (i.e., < 20 days), for routine evaluations or assessments in the absence of other factors identified may not always warrant AMTU Attachment (TDY)]:**

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ACCEPTING AMTU OFFICE ONLY	
Patient AMTU Attachment SGH Disposition:	Date encrypted email was received:
Accepting AMTU Installation/MTF/Address:	
Name of Accepting AMTU SGH:	Accepting AMTU SGH Signature:

AMTU Org Box: [usaf.jbsa.59-mdw.mbx.airman-medical-transitions-unit@health.mil](mailto:usaf.jbsa.59-mdw.mbx.airman-medical-transitions-unit@health.mil)