



## NRNW Navy Wounded Warrior – Safe Harbor Referral Form

### Referral Criteria

- All seriously wounded, ill or injured Sailors and Coast Guardsmen (CAT II & III)
  - OIF/OEF/OND casualties
  - Shipboard or training accidents
  - Liberty accidents
  - Serious medical and psychological conditions (cancer, severe PTSD)
- Select high-risk non-seriously wounded, ill or injured Sailors and Coast Guardsmen (case-by-case basis)

### Service Member Information

Name & Rank: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Active or Reserve: \_\_\_\_\_

Referred Condition: \_\_\_\_\_ Date of Injury/Illness: \_\_\_\_\_

Amplifying Information on Illness/Injury (Description, LIMDU Period, Med Board, etc.):

### Referral Source

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

### For N95 Use Only

Date Received: \_\_\_\_\_ Initial Assessment? \_\_\_\_\_

Enrolled? \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

#### 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.