



Department of Veterans Affairs

VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE -
 FOR VA USE ONLY)

DoD REFERRAL TO INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

INSTRUCTIONS: This form is to be completed by the Military Treatment Facility that is referring the Service member to the Integrated Disability Evaluation System (IDES).

SECTION I - SERVICE MEMBER'S INFORMATION

1. SERVICE MEMBER'S NAME (First, Middle Initial, Last)		
2. SOCIAL SECURITY NUMBER		3. VTA CASE ID
4. DATE OF BIRTH (MM/DD/YYYY)		
5. GENDER	6. TELEPHONE NUMBER (Include Area Code)	7. E-MAIL ADDRESS (Optional)
8. CURRENT MAILING ADDRESS (Number and Street or rural route, P.O. Box, City, State, ZIP Code Country)		
9. COMPONENT		
10. DUTY STATUS		11. GRADE
12. UNIT ADDRESS		

SECTION II - MEDICAL EVALUATION BOARD (MEB) INFORMATION

13. ASSIGNED PHYSICAL EVALUATION BOARD LIAISON OFFICER (PEBLO) (First, Middle Initial, Last)	
14. TELEPHONE NUMBER (Include Area Code)	15. DATE OF REFERRAL TO MEB (MM/DD/YYYY)
16. REFERRING MILITARY TREATMENT FACILITY	
17. MEDICAL CONDITIONS TO BE CONSIDERED AS THE BASIS OF FITNESS FOR DUTY DETERMINATIONS (List only conditions referred by physician; continue on page 2 if necessary.)	
1. []	6. []
2. []	7. []
3. []	8. []
4. []	9. []
5. []	10. []
18. PREPARED BY	19. DATE SIGNED (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

Four groups of four boxes each, separated by dashes, for entering a Social Security Number.

SECTION III - STATEMENT OF COMPLETE AND CURRENT STR

20. All available military Service Treatment Records (STR) for the Service member identified above are forwarded to the VA Military Services Coordinator (MSC) as directed by DoDI 1332.18-Volume II (Disability Evaluation System (DES) Manual; Integrated Disability Evaluation System (IDES)), Appendix 4 to Enclosure 4.

The STR provided with this form contains a complete history of documented healthcare, including entrance and applicable exit physicals, and healthcare documented from the electronic health record (CHCS, AHLTA, or equivalent) systems. TRICARE network, and dental system of record for those cases referred for a dental condition

- WITHOUT** known exception (skip blocks 2 - 3)
- WITH** exception (complete blocks 2 - 3)

21. DESCRIPTION OF MISSING STR *(If any)*

Large empty text box for describing missing STR.

22. ACTION(S) TAKEN TO OBTAIN MISSING STR *(Provide detailed description of all efforts and outcomes, to include the date of all activity; continue on reverse if necessary.)*

Large empty text box for describing actions taken to obtain missing STR.

23. PEBLO SIGNATURE

Empty line for PEBLO signature.

24. DATE SIGNED *(MM/DD/YYYY)*

Empty line for date signed.

SECTION IV - REMARKS

Large empty text box for remarks.

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.