

| | | | | | | | | | |
|--|---------------|------------------|----------------|-------------|-------------------------|--------------------------|---|---------------------------|--|
| COMMUNITY HEALTH NURSING - FAMILY RECORD For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General | | | | DATE OPENED | | DATE CLOSED | | NURSING AREA/ DISTRICT | |
| SPONSOR'S NAME (Last, First, MI) | | | | | | SSN | | RANK/GRADE | |
| ORGANIZATION (use pencil until record is retired) | | | | | | DUTY PHONE | | HOME PHONE | |
| ADDRESS (use pencil until record is retired) | | | | | TRAVEL DIRECTIONS | | | | |
| PERSONAL DATA | | | | | | | | | |
| *PREFIX | FAMILY ROSTER | DATE OF BIRTH | PLACE OF BIRTH | SEX | OCCUPATION OR SCHOOL | PROG CLAS- SIFICATION | SIGNIFICANT ILLNESSES, DE- FECTS, CAUSE OF DEATH, ETC. | | |
| 20 | SPONSOR | | | | | | | | |
| 30 | SPOUSE | | | | | | | | |
| | CHILDREN | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | OTHERS | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| MILITARY AND CIVILIAN RESOURCES ACTIVE WITH FAMILY | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SIGNIFICANT SOCIAL AND ECONOMIC FACTORS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| *PREFIX: 01-Oldest Child 02-Next Oldest Child 03-Next Oldest Child 04-Next Oldest Child, etc. 40-Mother of Sponsor 45-Father of Sponsor 50-Mother-in-law 55-Father- in-law 00-Not eligible for medical care | | | | | | | | | |

[illegible]

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

1. **AUTHORITY:** 5 US Code 301 Departmental Regulations. 10 US Code 1071 Medical & Dental Care, Purposes. 42 US Code Social Security. 44 US Code 3101 Records Management by Agency Heads, General Duties.
2. **PRINCIPAL PURPOSE(S):** A family record is initiated on each family receiving Army community health nursing supervision. This record provides a means for recording family identification, health and socio-economic data and nursing services rendered to patient and family
3. **ROUTINE USES:** a. To assist the nurse in identifying patient and family needs. b. To assist in planning and evaluating care provided. c. Record includes the source of referral, medical diagnosis, observations, nursing care rendered and plan and goals for nursing care. Record also includes brief summarization of consultations made in behalf of the patient/family member and of advice provided telephonically to patient/family members that have significant health impact to that patient or family group. d. Record is destroyed three years after closed or inactive.
4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Mandatory to provide information concerning different health needs of family members and assist in developing priorities of nursing care to be provided each member. This form is very important in the professional nursing standards review process.