

**SUBSTANCE ABUSE REHABILITATION PROGRAM
NAVAL MEDICAL CENTER PORTSMOUTH
PATIENT REGISTRATION**

This form must be legible and completed in its entirety before an appointment will be scheduled.

NAME (Last, First, MI) Rank/Rate DOD DOB

Branch:

Status: (check one) Active Duty Retired Dependent (sponsor's DOD#) _____

Command Name (no abbreviations) _____

Official Mailing Address: _____

Name of Primary DAPA/Email: _____

Assistant DAPA/Email: _____ UIC: _____

Command phone number: _____

REFERRAL INVOLVES: (check all that apply) Alcohol Drug

SCREENINGS IMPACT LEVEL ONE

Level of Treatment Requesting: Initial screening Level .5 (IMPACT) Level 1 (Outpatient) Which location are you requesting? Portsmouth Oceana Little Creek

Where was individual screened? _____

Dates available to attend? _____

Submit request to: usn.hampton-roads.navhospporsva.list.nmcp-sarpadmissions@mail.mil

Call SARP Patient Affairs at: (757) 953-9816 FAX (757) 953-9800

Level 2 or Level 3 *Portsmouth Only*****

Level of Treatment Requesting: Level 2 (Intensive Outpatient) Level 3 (Residential)

Where was individual screened? _____

Submit request to: usn.hampton-roads.navhospporsva.list.nmcp-sarpadmissions@mail.mil

Admission requirements:

Medical History and Full Body Physical Examination must be completed less than **30 days** prior to arrival to treatment. **SHAPES (SARP Health and Physical Evaluation Screening)** form is located on **Naval Medical Center Portsmouth website. (Google NMCP SARP)** Dental and Audio examinations are not required to enter treatment. Labs required to enter treatment: **Hepatitis A & B & C panels, RPR, Urine GC & NAAT, GGT, HIV-AB1, Comprehensive Metabolic with GFR, UDS, PPD (within last 6 months) Chest XRAY (if PPD converter)**

All appointments will be filled within 30 days of initial request, provided all required documents are submitted.

Medical records and TAD orders must accompany service member or treatment cannot be provided.

Per OPNAVINST 5350.4d, all separation, administrative, legal (civilian and military) actions and personal appointments must be completed prior to admission to treatment.

Please review treatment check off list located on website. Your signature indicates that you have briefed service member prior to entering treatment: _____

(Please sign and submit via fax)