

**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** **SSN** **DOB** **Branch**

STATUS: (check one) **Active Duty** **Retired** **Dependent** (sponsor's SSN#) _____

Command Name (no abbreviations) _____

Official Mailing Address: _____

Name of Primary DAPA/Email: _____

Assistant DAPA/Email: _____ UIC: _____

DAPA Phone: _____ **If dependent or retired: Phone** _____

DAAR (Drug Alcohol Activity Report) entered and submitted in ADMITS? _____

REFERRAL INVOLVES: (check all that apply) **Alcohol** **Drug**

SCREENINGS IMPACT LEVEL ONE

Level of Treatment Requesting: **Initial screening** **Level .5 (IMPACT)** **Level I (Outpatient)**

Which location are you requesting? **Portsmouth** **Oceana** **Little Creek**

Where was individual screened? _____

Dates available to attend? _____

Submit request to: Candace.Dancy@med.navy.mil or Michele.Waters@med.navy.mil

Call SARP Patient Affairs at: (757) 953-7848 **Fax:** 953-9800

Level II or Level III * Portsmouth Only*****

Level of Treatment Requesting: **Level II (Intensive Outpatient)** **Level III (Intensive w/Berthing)**

Where was individual screened? _____

Submit request to: Heather.Flock.ctr@med.navy.mil **Phone:**(757) 953-9815 **Fax:** (757) 953-9800

If Command is deployed, the Beach Det. will be: _____ **Phone:** _____

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**. 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, AB, CMP, Comprehensive Metabolic GTR, 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)