

**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.**

**Patient Name (Last, First, MI):** \_\_\_\_\_ **Rate/Rank:** \_\_\_\_\_  
**DOD ID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Personal Email Address:** \_\_\_\_\_

**Command Name (No abbreviations)** \_\_\_\_\_  
**Official Mailing Address:** \_\_\_\_\_  
**Name of Primary Drug & Alcohol Rep/Email:** \_\_\_\_\_  
**Assistant Drug & Alcohol Rep/Email:** \_\_\_\_\_ **UIC:** \_\_\_\_\_  
**Command/Drug & Alcohol Rep phone number (reachable 24/7):** \_\_\_\_\_

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

**INITIAL SCREENING/ LEVEL 0.5/ LEVEL ONE**

**Level of Treatment Requesting:**  Initial screening  Level .5 (PRIME FOR LIFE)  Level 1 (Outpatient)  
**Which location are you requesting?**  Portsmouth  Little Creek  Norfolk  
**Where was individual screened?** \_\_\_\_\_  
**Dates available to attend?** \_\_\_\_\_  
**Submit **Encrypted** email request to:** [usn.hampton-roads.navhospportsva.list.nmcp-sarpadmissions@health.mil](mailto:usn.hampton-roads.navhospportsva.list.nmcp-sarpadmissions@health.mil)  
**Or use DoDSAFE:** <https://safe.apps.mil>  
**Call SARP Patient Affairs at:** (757) 953-7848 Options 3 or 4 FAX (757) 953-9995

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

**Level of Treatment Requesting:**  Level 2.1 (Virtual Intensive Outpatient)  Level 2.5 (Intensive Outpatient)  
 Level 3 (Residential)  
**Where was individual screened?** \_\_\_\_\_  
**Submit request to:** [usn.hampton-roads.navhospportsva.list.nmcp-sarpadmissions@health.mil](mailto:usn.hampton-roads.navhospportsva.list.nmcp-sarpadmissions@health.mil)  
**Call SARP Medical at:** (757) 953-7848 Options 1 or 2 FAX (757) 953-9999

**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), PETH**

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 5350.4e, 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:** \_\_\_\_\_  
**(DAPA/SACO/ASAP/ADAPT/CDAR signature)**