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:** _____ **Phone:** _____

Home Address: _____

Personal Email Address: _____

Command Name (No abbreviations) _____

Official Mailing Address: _____

Primary Drug & Alcohol Rep/Email: _____

Assistant Drug & Alcohol Rep/Email: _____

Command/Drug & Alcohol Rep phone number (reachable 24/7): _____

Submit Encrypted email requests to: usn.hampton-roads.nmrtc-portsmouth-va.list.nmcp-sarpadmissions@health.mil
Or use DoDSAFE: https://safe.apps.mil

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

INITIAL SCREENING/LEVEL ONE

☐ **INITIAL SCREENING - Must include DAPA/SACO package & DAR if applicable**
Which location are you requesting? ☐ **Portsmouth** ☐ **Little Creek** ☐ **Norfolk**
Dates available/unavailable to attend screening? _____

☐ **LEVEL 1 (Outpatient)**
Dates available to attend treatment? _____
Questions call SARP Patient Affairs at: (757) 953-7848/QUIT Options 3/4 FAX (757) 953-9995

LEVEL 2 /LEVEL 3

☐ **LEVEL 2.1 (Virtual Intensive Outpatient)** ☐ **LEVEL 2.5 (Intensive Outpatient)** ☐ **LEVEL 3 (Residential)**
Where was individual screened? _____
Dates available to attend treatment? _____
Questions for Level 2-3 call SARP Medical at: (757) 953-7848/QUIT 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 NMCP SARP website (see below).
☐ Labs required to enter treatment: CBC, CMP with GFR, UDS, PETH, GGT, QuantiFERON or PPD (if medically indicated)
☐ TAD orders must accompany service member for 2.5/3 or treatment cannot be provided.

* All treatment will be filled within 30 days of initial request, provided all required documents are submitted.
* **Per OPNAVINST 5350.4e**, all separation, administrative, legal (civilian and military) actions, and personal appointments must be completed prior to treatment admission.

Please review treatment check off list located on website:
https://portsmouth.tricare.mil/Health-Services/Mental-Behavioral-Health/Substance-Abuse-Rehabilitation-Program-SARP

Your signature indicates that you have briefed service member prior to entering treatment and that your Designation Letter is on file with SARP Portsmouth:

_____
(DAPA/SACO/ASAP/ADAPT/CDAR signature)

Rev: 01-2025