NMCP SARP HEALTH AND PHYSICAL EVALUATION SCREENING (SHAPES)
PART 1 – TO BE FILLED OUT BY SERVICE MEMBER
EMAIL TO usn.hampton-roads.nmrtc-portsmouth-va.list.nmcp-sarpadmissions@health.mil

Last Name:	First Name:	MI:
DoD:	Date of Birth:	Sex: ☐ Male ☐ Female
Personal Phone:	Email:	
Current Command:	Work Phone:	
Command Designated Representative Name (DAPA, SACO, CDAR, ADAR):		
Command Designated Representative Contact Information (phone & email):		

Questions	**Yes**	**No**
Have you consumed alcohol within the last 4 days?	☐	☐
Have you ever experienced profound shaking or tremors or withdrawals after you stopping drinking alcohol?	☐	☐
Have you ever experienced visual hallucinations (seeing strange things) when you stopped drinking alcohol?	☐	☐
Have you ever had a seizure? If yes, provide date of last seizure:	☐	☐
Have you ever been hospitalized for alcohol withdrawal or been in "detox"? If yes, list when/where:	☐	☐
Females: Are you pregnant or do you think you might be?	☐	☐
Do you have any current medical problems or concerns? If yes, describe here:	☐	☐
Have you ever had any heart, liver, or kidney problems? If yes, describe here:	☐	☐
Are you currently taking any medications? If yes, list here. *(Note that SARP does not permit use of controlled substance prescriptions during treatment.)*	☐	☐
Do you take any over-the-counter products (sleep aids, vitamins, supplements, herbs, powders, etc.)? If yes, list here:	☐	☐
Do you have any allergies of any type (environmental, medications, food)? If yes, list here:	☐	☐
Do you have any wounds that require dressing or medical care? If yes, describe here:	☐	☐
Have you or people that you live with been exposed to bed bugs, lice, or scabies in the past month?	☐	☐
NMCP SARP Portsmouth is a three story building with no elevator. Can you climb stairs without assistance?	☐	☐
Are you currently using a cast, brace, sling, crutches or cane?	☐	☐
Do you have any conditions that might prevent you from physical exercise? Describe here:	☐	☐
Do you use tobacco or nicotine? *(Note that NMCP SARP is a tobacco & vape free facility and use of these or related products is not authorized. See your medical provider for cessation or nicotine replacement options.)*	☐	☐
Do you have upcoming appointments, e.g., medical, dental, physical therapy, counseling, legal, administrative, etc.? If yes, list here: *(Note that appointments interfering with SARP treatment may need to be rescheduled.)*	☐	☐
Is there any other issue that would prevent or interfere with your undivided participation in SARP treatment?	☐	☐

Signature:_____ Date:_____

NMCP SARP HEALTH AND PHYSICAL EVALUATION SCREENING (SHAPES)

PART 2 - TO BE FILLED OUT BY PROVIDER (PHYSICIAN, NP, PA, OR IDC)

EMAIL TO usn.hampton-roads.nmrtc-portsmouth-va.list.nmcp-sarpadmissions@health.mil

Individuals diagnosed with a substance use disorder and referred to treatment (outpatient, intensive outpatient, partial hospitalization, or residential) must have a current physical examination (within 30 days) before or upon entry into treatment. The purpose of the evaluation is to assess the medical impact of the substance use and medically clear the individual for treatment.

SERVICE MEMBER NAME: _____

DOD ID: _____ **D.O.B:** _____

Vital Signs	
Blood Pressure:	Respirations:
Pulse:	Temperature:

Physical Examination		
Exam	**Normal**	**Abnormal Findings**
HEENT	Y☐ ☐N	
HEART	Y☐ ☐N	
LUNGS	Y☐ ☐N	
ABDOMEN	Y☐ ☐N	
EXTREMITIES	Y☐ ☐N	
MSK	Y☐ ☐N	
SKIN	Y☐ ☐N	
NEURO	Y N	

Enter the most recent date for the labs listed below, ordering anew if required or clinically indicated.

Required Labs	**Timeframe**	**Date Resulted**
CBC	30 days	
Comprehensive Metabolic Panel (CMP) with GGT	30 days	
Drug Screen (PM Compliance UDS+EtG+Nicotine)	30 days	
Synthetic Drug Screen (PM Synthetic Urine Drug Screen)	30 days	
Carbohydrate Deficient Transferrin % (CDT)	30 days	
HIV	11 months	
PPD	11 months	
PETH	2 Weeks	
SARS-COV2 (*if not fully vaccinated within past 180 days*)	5 days prior to treatment	
Recommended Labs Based on Clinical Presentation		
Chlamydia/Gonorrhea (e.g., sexually active, impulsivity)	30 days	
Rapid Plasma Reagin / RPR (e.g., sexually active, impulsivity)	30 days	
Vitamin B12 + Folate (e.g., chronic EtOH use, fatigue)	30 days	
Thyroid Panel with Free T4 (e.g., depression, fatigue, +/- weight)	90 days	
Vitamin D (e.g., fatigue, depression)	90 days	
HGB A1C or Fasting Glucose (e.g., overweight or poor nutrition)	90 days	
Lipid Panel (e.g., overweight or poor nutrition)	90 days	
HCG (females)	30 days	

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SERVICE MEMBER NAME: _____

DOD ID: _____ **D.O.B:** _____

Medications: Please list patient's current medications and dosing. *Note: SARP does not permit controlled substance medications, e.g., psychostimulants. Please wean patients prior to SARP treatment.*

Medical and Psychiatric History (include recent abnormal lab results)

SARP is a tobacco free program and nicotine must be prescribed for tobacco users. If patient uses tobacco, please ensure outpatient nicotine prescriptions are ordered and indicate which:

Nicotine replacement transdermal patch	⊙ *n/a*	◻ 7mg	◻ 14mg	◻ 21mg
Nicotine replacement buccal gum or lozenges	⊙ *n/a*	◻ 2mg	◻ 4mg	

SARP requires patients to be able to ambulate and use stairs without assistance of any kind.

Is patient able to ambulate and climb stairs without assistance?	☐ Yes ☐ No

SARP requires appointments (e.g., medical, dental) to not interfere with SARP treatment.

Will the patient be clear of all interfering appointments for the entirety of the SARP treatment period (up to three months)? If No, please explain here:	☐ Yes ☐ No

SARP requires patients to be sufficiently stable for intensive psychological treatment.

Is patient medically and mentally stable and appropriate for an up to 6-week residential group based substance use disorder treatment? If No, please explain:	☐ Yes ☐ No

Provider Name: Credentials:

Provider Contact Info:

Provider Signature: Date: