



SNOHOMISH COUNTY
FAMILY DRUG TREATMENT COURT
Judge Janice E. Ellis
Edmund H. Smith, Coordinator
(425) 388-7887

Prescription Medically Assisted Treatment (MAT) Form

**THIS COMPLETED FORM MUST BE FAXED BY THE MAT PROVIDER DIRECTLY TO
THE DRUG COURT COORDINATOR'S OFFICE: (425) 388-7882**

MEDICATION FORM

This client is currently involved with Snohomish County Family Drug Treatment Court (FDTC). As a requirement of FDTC, the client's MAT provider must remain in communication with the client's drug court treatment provider to monitor compliance in services. Please complete this initial form to facilitate this service coordination. In the future, you will be asked to complete regular status report forms updating the client's treatment provider on dosage and compliance/non-compliance issues with the client's MAT program.

To be completed by MAT Prescriber/Provider:

1. Client Name: _____

2. Diagnostic and Treatment information:

Diagnosis _____ Date of Onset _____

Medication _____ Previous MAT Attempts (Medication/ Year) _____

Starting Dosage _____ Current Dosage _____

Length of time at current dose _____

Intended purpose _____

Client's Overall MAT Goal _____

Physician signature _____ Date signed _____

Printed name of Physician / Health Care Provider _____ Phone number _____

Name of Health Care Agency / Organization _____

Best Form of Contact: _____

MAT PROVIDER: PLEASE ATTACH BUSINESS CARD