



SNOHOMISH COUNTY  
ADULT DRUG TREATMENT COURT

MARYBETH E. DINGLEDY  
JUDGE  
DEPT. 5

SNOHOMISH COUNTY  
COURTHOUSE  
M/S #502  
3000 Rockefeller Avenue  
Everett, WA 98201-4060

DRUG COURT COORDINATOR  
Laura Whitaker  
(425) 388-3093  
Katie Shiner  
(425) 388-3546  
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**MEDICATION ASSISTED TREATMENT (MAT)**  
**STATUS REPORT FORM**

**This form is used to provide progress updates between the prescriber of the MAT and the ADTC Treatment Liaison.**

Client's Name: \_\_\_\_\_  
MAT Medication:  Suboxone     Vivitrol/ Naloxone     Methadone  
Current Dosage: \_\_\_\_\_  
How often does Client meet w/ Prescriber:  Daily  Weekly  Monthly  Other \_\_\_\_\_  
Next Appointment w/ Prescriber: \_\_\_\_\_  
Frequency of Dose: \_\_\_\_\_  
Missed Dose(s): \_\_\_\_\_  
Does the participant have carry privileges:  Yes     No  
If yes, frequency of medication checks: \_\_\_\_\_  
Any issues with medication checks: \_\_\_\_\_  
Urinalysis status – are their samples in compliance with medication dosage:  Yes  No  
If no, please provide detailed urinalysis information: \_\_\_\_\_  
Has the participant missed any appointments: :  Yes  No  
If so, is the participant at risk of program failure: \_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_  
\_\_\_\_\_

Prescribing Agency: \_\_\_\_\_  
Prescriber Name: \_\_\_\_\_  
Authorizing Signature: \_\_\_\_\_  
Date of report: \_\_\_\_\_

**PLEASE FAX OR EMAIL THIS COMPLETED FORM TO:**

<input type="checkbox"/> <b>Center For Human Services</b>	Cathy Matson Cmatson@chs-nw.org Phone: 206 631-8834    Fax: 206-362-7152
<input type="checkbox"/> <b>Catholic Community Services</b>	Leesha Stafford LeeshaS@ccsww.org Phone: 425-595-6772    Fax: 425-258-5275