



Superior Court of the State of Washington for Snohomish County

SNOHOMISH COUNTY
ADULT DRUG TREATMENT COURT

JOSEPH P. WILSON
JUDGE
DEPT. 7

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
Fax (425) 388-3597

MEDICATION ASSISTED TREATMENT (MAT)
STATUS REPORT FORM

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

Client's Name: _____

MAT Medication: _____

Current Dosage: _____

How often does Client meet w/ Prescriber: _____

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: _____

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:

Center For Human Services Ashley Updike
Aupdike@chs-nw.org
Phone: 206-818-8171 Fax: 206-362-7152

Catholic Community Services Leesha Stafford
LeeshaS@ccsww.org
Phone: 425-595-6772 Fax: 425-258-5275