



Superior Court of the State of Washington for Snohomish County

SNOHOMISH COUNTY
ADULT DRUG TREATMENT COURT

MARYBETH DINGLEDY
JUDGE
DEPT. 5

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

DRUG COURT COORDINATOR
Laura Whitaker
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Medication Form

THIS COMPLETED FORM MUST BE SUBMITTED WITHIN 48 HOURS AFTER RECEIVING THE MEDICATION.

PLEASE COMPLETE FOR ALL MEDICATIONS – PRESCRIBED AND/OR ADMINISTERED DURING THE APPOINTMENT

This client has been diagnosed with a substance-related and addictive disorder and is participating in substance abuse treatment through Snohomish County’s Adult Drug Treatment Court (ADTC). **As part of this client’s treatment and participation in ADTC, they must avoid medications that are highly addictive, including but not limited to:**

- **Central Nervous System (CNS) Stimulates** (e.g. Adderall, Concerta, Ritalin, Dexedrine)
- **Barbiturates** (e.g. Seconol, Butisol Sodium, Phenobarbital)
- **Benzodiazepines** (e.g. Xanax, Klonopin, Valium)
- **Hallucinogens** (e.g. Dextromethorphan-DXM)
- **Sedative-Hypnotic** (e.g. Ambien, Soma, Lunesta)
- **Opioids** (e.g. OxyContin, Vicodin, Codeine, Tramadol, Fentanyl)
- **Alcohol** (e.g. Peridex Oral Rinse)
- **Muscle Relaxants** (e.g. Methocarbomal, Cyclobenzaprine)
- **Cannabinoids** (e.g. Marinol, CBD)

***Please recommend or prescribe alternative treatment or medications from the above list. If this client is given a take home prescription for any of the above medications, their status in drug court will be impacted.**

If you believe it is a **medical necessity** to prescribe this client any pain/other medication that has the potential for abuse or to become habit forming, **please prescribe such medications for the shortest duration possible.**

The Drug Court Team reserves the right to review client’s program eligibility based upon any and all prescribed medications.

To be completed by Health Care Provider:

1. Client Name: _____

2. The **CURRENT DIAGNOSIS** is:
