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

Prescription MAT Form

THIS COMPLETED FORM CAN BE FAXED BY THE MAT PROVIDER DIRECTLY TO THE DRUG COURT COORDINATOR'S FAX: (425) 388-3597 OR THE CLIENT CAN HAND DELIVER THIS FORM

MEDICATION FORM

This client is currently involved with Snohomish County Adult Drug Treatment Court (ADTC). As a requirement of ADTC, 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

_____
Describe in detail this Client's treatment history (if needed please attach more information on a separate piece of paper)

_____
Why was MAT chosen for this client?

_____ _____
Medication Previous MAT Attempts (Medication/ Year)

_____ _____
Starting Dosage Current Dosage

_____
Length of time at current dose

_____
Intended purpose

_____
Client's Overall MAT Goal

_____
Prescribing Agency

_____ _____
Prescriber Signature Date signed

_____ _____
Prescriber Printed Name Phone number

Best Form of Contact: _____

MAT PROVIDER: PLEASE ATTACH BUSINESS CARD