



Superior Court of the State of Washington for Snohomish County

SNOHOMISH COUNTY
ADULT DRUG TREATMENT COURT

MARYBETH E. DINGLEDY
JUDGE
DEPT. 11

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 MAT Prescriber 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"/> Center For Human Services	Andrea Nollau anollau@chs-nw.org Phone: 206-362-7282 Fax: 206-362-7152
<input type="checkbox"/> Catholic Community Services	Saundra Rose-Moore SaundraRM@ccsww.org Phone: 425-595-6776 Fax: 425-258-5275