



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