**STIMULANT PRESCRIPTION DRUG USE FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named individual is involved with a child dependency case and currently participates in the King County Family Treatment Court program. Participation requires that she/he/they remain abstinent from all drugs of abuse. The general policy of Family Treatment Court is that use of medication at higher risk of misuse is not acceptable while participating in this program.

This document attests that the above named participant has been determined to have a legitimate medical or mental health condition that requires the use of the following medication:

Please identify the medical condition that requires this prescription and the clinical justification for why a medication at higher risk of misuse is needed for this patient, including exploration of non-stimulant medication prior to this prescription:

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Sources of collateral information consulted prior to prescribing, including looking up the patient via the Prescription Monitoring Program of Washington at:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP>

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Please list any current medications being taken by the patient, including any Medically Assisted Treatment (MAT) medications:

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Identify the medication prescribed and how long you anticipate this mediation will be used:

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Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Refills allowed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prescribing Physician/ARNP Signature