WARNING: HEALTHCARE PROVIDER

The patient presenting this form is a participant in the 15th Circuit Drug Court or Mental Health Court. This form will be reviewed by the Judge and the Treatment Team. Please follow accepted hospital procedures and policies when completing this form.

IMPORTANT PATIENT INFORMATION

As a participant in the **15th Circuit Drug Court/Mental Health Court**, I am required to inform you that I am currently in treatment for substance use disorder. My addiction to substances has resulted in severe life consequences including criminal charges resulting in my current involvement in the 15th Circuit Drug Court/Mental Health Court.

Please do not prescribe medications from the below listed drug categories unless it is medically necessary. These medications pose a ***significant risk*** to my recovery as the use of any mood altering drugs can reactivate addictive thinking, distort my judgment and ignite cravings, all of which could result in very serious consequences for me.

****Amphetamines**Antidepressants**Anticonvulsants**Barbiturates**Benzodiazepines****
****Cannabinoids**Ephedrine**Pseudoephedrine**Narcotics/Opiates**Opioids****
Sedative/Hypnotic Agents **Muscle Relaxers*

Please sign this document as evidence that I did provide this important medical information to you, even if no prescription is written.

Diagnosis: _____

Medication Given at Hospital and Prescribed:
_____ Quantity: _____
_____ Quantity: _____
_____ Quantity: _____

_____	_____	_____
Physician *(Print Name)*	Physician (*Signature)*	Date
_____	_____	_____
Drug Court Client (*Print Name*)	Drug Court Client (*Signature*)	Date

This patient was seen under my care on _____ to _____ and will be medically stable to travel in Horry/Georgetown County and participate in a 90 minute treatment session on _____.

To client: This form must be completed at the time of the medical appointment not after you have been discharged. You must provide this signed document with a copy of all prescriptions to the Treatment Court office at your next scheduled meeting, unless you are hospitalized. Failure to provide at your next scheduled meeting can result in a sanction.