

# MEDICAL DISCLOSURE

## SEVENTH DISTRICT ADULT DRUG COURT

Patient Name: \_\_\_\_\_

I am a participant in the Seventh District Drug Court Program. I have agreed to inform all treating physicians that I am a newly recovering addict, and I have agreed that I will not take narcotics, benzodiazepines, medications containing alcohol, or any prescribed medications that are potentially addictive, unless medically necessary and there are no other suitable substitute medications.

I must disclose all medications that I have taken in the last ten days on the drug-testing forms.

I cannot take any prescribed medication until it has been approved by the court. To obtain court approval, I must submit this form, a copy of my prescription, and a motion to the court for approval.

\*\*\*\*\*

Treating Physician:

Please initial and sign below, indicating that you have read the above information.

\_\_\_\_\_ I understand the above guidelines for Drug Court participation.

\_\_\_\_\_ The medications I have prescribed are medically necessary and there are no effective non-addictive alternatives.

Treating Physician: \_\_\_\_\_

Printed Name

\_\_\_\_\_  
Signature

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