

Maine Treatment Court

Physician and Pharmacy Conditions

I understand and agree to the following conditions:

_____ I shall designate a primary physician to my case manager and probation officer (if on probation). Other than emergency situations, no other physician, physician's assistant (PA), or family nurse practitioner (FNP), outside of my primary physician's office may be seen without a written referral from my primary physician.

_____ I shall take all medications prescribed by my physician in the manner and quantity as directed by my physician.

_____ I shall keep all medications in their original container unless I have been given permission by my case manager to use a daily pill box or its equivalent.

_____ I shall make known to my case manager all medications prescribed the same day the medications are prescribed.

_____ I shall sign all medical release forms allowing my case manager, probation officer, or and other treatment court team member to have an open line of communication with my primary physician and any other medical professional to whom I may be referred.

_____ I shall designate a single pharmacy to my case manager and probation officer (if on probation) that shall be used to dispense all medications. No other pharmacy may be used without prior approval of my case manager and probation officer.

_____ I shall personally retrieve all of my prescribed medications from my designated pharmacy.

_____ I shall not retrieve medications for any other person without prior approval of my case manager and probation officer.

Participant Signature

Date

Participant Attorney

Date