



Cobb County DUI Court
State Court of Cobb County

Prescription Medication Change

Name: _____ Date: _____

Name of medication: _____

If this is a **new medication**, complete this section:

Reason medication is being prescribed: _____

Dosage: _____ How administered (oral, patch, etc.): _____

Prescribing physician: _____

Physician's phone number: _____

If this is **medication change**, complete this section:

Reason for proposed change: _____

Proposed change: _____

Prescribing physician: _____

Physician's phone number: _____

When are you supposed to start/change this medication? _____

By signing your name below, you are certifying to the Court that all of the above information is correct and that you have not stopped, started, or changed any medications since you last turned in a complete prescription medication log.

This information will be kept in treatment and probation's confidential files. **This form must be turned in to treatment or probation before you get the prescription filled and/or take the medication.**

Signature

DUI COURT STAFF ONLY

Approved (yes or no): _____ Date participant informed: _____ How informed: _____

Comments: _____

Staff Signature Date