

Case Manager:_____

Phase:_____



***Superior Court of Cobb County
Drug Treatment Court
Notice to Medical Professionals***

RE: _____

Dear Medical Professional,

Please be advised that the above referenced patient is a Participant in the Cobb County Drug Treatment Court program. Admission to this program is based on a current diagnosis of Substance Abuse/or Dependence, as defined in the DSM-IV.

Participants are required to inform all medical professionals, from whom they may receive treatment, of their involvement in drug and alcohol treatment. Our protocol also requires Participants to disclose past drug abuse patterns and provide documentation verifying this notice to medical professionals.

We request that our Participant's sensitivity to drugs of abuse be considered when you prescribe prescriptions or injections in their treatment. We ask you to consider these additional factors:

1. Potential increased tolerance to pain killer medications, due to the Participant's potential of past drug abuse of these medication;
2. Use of non-narcotic pain relievers;
3. Limiting the quantity of narcotic pain relievers to the minimum necessary;
4. Limiting the number of refills available;
5. Recommending non-medicinal coping strategies for anxiety/ sleep issues in lieu of prescribing Xanax, Valium, Ativan, Halcion, Deseryl, Ambien, etc.

While it is not the intent of our program to have our Participants needlessly suffer pain, we feel that close communication between them and their medical providers is a key component in their achievement of stabilized recovery.

We appreciate your consideration and cooperation in this matter. Please contact me if you have any further questions.

Sincerely,

Drug Treatment Court

I have read the above Notice to Medical Professionals.

Physician's signature

Date

This document was presented _____ Before Treatment _____ After Treatment
(Please check)