



*22nd Judicial District Court
Veterans Court Program
701 Columbia St.
Covington, LA 70433
Phone: (985) 377-9522*

Date: _____

Dear Healthcare Provider,

My name is _____ and I am currently enrolled in the 22nd JDC Veterans Court Program. My Case Manager's name is Kathy Morris. Because of my participation in this program, I am required to present this letter to you so that you know about my **Mental Health Disorder &/ or Substance Abuse and/or Dependence**. If you find it absolutely necessary to prescribe any medication, I am required to have you fill out the following information and return to my Veterans Court case manager **immediately**. Thank you for your assistance in this matter.

(PLEASE PRINT)

Patient's Name: _____

Patient's Chief Complaint: _____

Name of Medication Prescribed: _____

Dosage and Frequency Prescribed: _____

Amount Prescribed: _____ **Refills:** _____

Will medication cause any false (+) on a UDS? If yes, for what? _____

Name of Physician: _____

Physician's Phone Number: _____

Signature of Physician: _____

Please email this completed form to kmorris@stpgov.org or fax to 985-809-5401.

Client Signature