



Medical Acknowledgment Form

Reviewed and Revised: October 6, 2020

I, _____, am a participant with the Cass/Pulaski Community Corrections Department. I am required by the Department to disclose to my medical team of my past addictions with alcohol, illegal drugs and/or prescription medication. Therefore, in order to ensure complete disclosure I am documenting my past addictions:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Additionally, I wish to advise that I am currently participating in a treatment program and, if at all possible, I wish not to disrupt my treatment progress by taking narcotic medication. If a narcotic medication is prescribed to me the department asks that said prescription be only for an acute diagnosis.

I am required by the community corrections department to show proof that I disclosed the aforementioned information. Therefore, I am asking that my medical team acknowledge this notice by signing their names below and agreeing to let my treatment team communicate with them about my visit.

Thank you and Best Regards,

Program Participant (signature)
Cass/Pulaski Community Corrections

Date

Case Manager (signature)
Cass/Pulaski Community Corrections

Date

Medical Professional (signature)

Date

Medical Professional (printed)

Date