



NEW MEXICO MONITORED TREATMENT PROGRAM

PATIENT MEDICATION LIST

Confidential

Physician or Health Care Provider instructions: This individual listed below is being evaluated and/or monitored by the New Mexico Monitored Treatment Program which requires information about current medications as part of the assessment and monitoring program. The individual listed below has indicated you are prescribing medications for this patient. Please list all medications this patient is currently taking.

Patient Name: _____ Date of Birth _____ Today's Date _____

Current Medications: (include dose and frequency and # of refills)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Healthcare Provider Printed Name

Healthcare Provider Signature

Telephone number

Provider: Please mail or fax this form to the New Mexico Monitored Treatment Program (address/fax below)

(_____) *initial* I give my consent, by my signature below, to allow MTP and my healthcare provider to discuss my health issues and medications, as deemed necessary by MTP for purposes of monitoring and compliance.

Client(patient) Printed Name

Client (patient) Signature

Telephone number

The New Mexico Monitored Treatment Program (MTP) is a non profit (501c3) board-Governed state wide agency that provides confidential evaluation, treatment referral and monitoring of health care professionals with substance abuse, mental health, behavioral, medical and professional practice issues for the purpose of occupational rehabilitation. In addition, MTP provides education, consultation, and reporting to a variety of agencies, employers and licensing boards.

*Jon Thayer RN, MA, CARN Executive Director; Kate Woods LMFT; LADAC Clinical Coordinator;
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