



Sonoma County Superior Court
Mental Health Diversion Court
Medication Recommendation

Name and Contact Information	
Name of Patient	
Name of Treatment Provider	
Title of Treatment Provider	
Agency of Treatment Provider	
Address of Treatment Provider	
Phone Number of Treatment Provider	

My name is _____. I am the treatment provider for _____.

This patient has been diagnosed with the following mental health conditions:

To successfully manage this patient’s diagnosis, I recommend the following medication(s), and the patient **has agreed** to this course of treatment:

To successfully manage this patient’s diagnosis, I recommend the following medication(s), but the patient **will not agree** to this course of treatment:

I am not endorsing THC for medicinal or recreational use. Generally speaking, THC **IS** contraindicated for use with the diagnosis and medication listed above.

I am not endorsing THC for medicinal or recreational use. Generally speaking, THC **IS NOT** contraindicated for use with the diagnosis and medication listed above.

Comments:

Signed: _____

Print Name and Title: _____ Date: _____