

**SAMPLE LETTER TO PRIMARY CARE PHYSICIAN**

Dear Treating Practitioner:

I, \_\_\_\_\_ am currently receiving \_\_\_\_\_ treatment at  
(client name) (level of care)  
\_\_\_\_\_, a substance abuse treatment program.  
(name of treatment provider)

I have signed an Authorization to Release Confidential Information to you regarding my substance abuse treatment. A copy accompanies this letter. It is important that you, as my primary care physician, are aware of my decision to seek treatment for my substance abuse.

As part of my treatment and recovery, I need to be careful about the medications I am prescribed. The use of any mood altering chemical and/or controlled substance could be detrimental to my recovery and health. It is extremely important whenever possible in my medical care to use medications which do not have dependence producing properties or abuse potential. A list of medications my therapist and I believe would be unsafe for me to be prescribed is also attached to this letter.

Understanding there are situations that may arise where potentially addicting pain medications or other controlled substances may be warranted, please feel free to consult with my primary therapist. My therapist's name and phone number is:

\_\_\_\_\_  
(Therapist name) Phone \_\_\_\_\_

If controlled substances are prescribed, I will need documentation of the medications prescribed, the quantity prescribed, dosage, frequency and the diagnosis.

If you have any questions about my treatment, please feel free to consult with my primary therapist.

Thank you.

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**FOR TREATING PRACTITIONER:**

PLEASE SIGN AND DATE BELOW TO DOCUMENT THAT I HAVE SHARED THIS INFORMATION WITH YOU. PLEASE FAX THE SIGNED DOCUMENT TO THE TREATMENT PROVIDER AT \_\_\_\_\_ OR SEND TO THE  
(fax number)

ABOVE ADDRESS. THANK YOU.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)