



Antabuse Consent Form

1.	I have received the Antabuse Education Sheet Part 1 and learned how Antabuse acts in my body.	Yes	No
2.	I also understand what will happen to me if I drink on top of Antabuse.	Yes	No
3.	If I experience any sudden weakness, fever or yellowness of the skin or eyes, I understand that I must stop the Antabuse immediately and see my GP for a blood test.	Yes	No
4.	I have received the General Guidelines about products which may contain alcohol.	Yes	No
5.	I have received the Antabuse Education Sheet Part 2 and can answer all the questions correctly.	Yes	No
6.	I understand that I cannot take the Antabuse if I have any of the conditions below: 1. I am pregnant 2. I have had a Psychosis or Severe Mental Illness 3. I have Heart Disease 4. I have Treated high blood pressure 5. I have had a Stroke I have none of the conditions listed.	True	False
7.	I understand this it is preferable to have someone who will keep my tablets, crush one each day and dissolve it in water for me to drink and monitor me taking it.	Yes	No
8.	I would like to start Antabuse medication to enable me to stay abstinent from alcohol.	Yes	No

Consent to Antabuse

Signed:

Date of Birth:

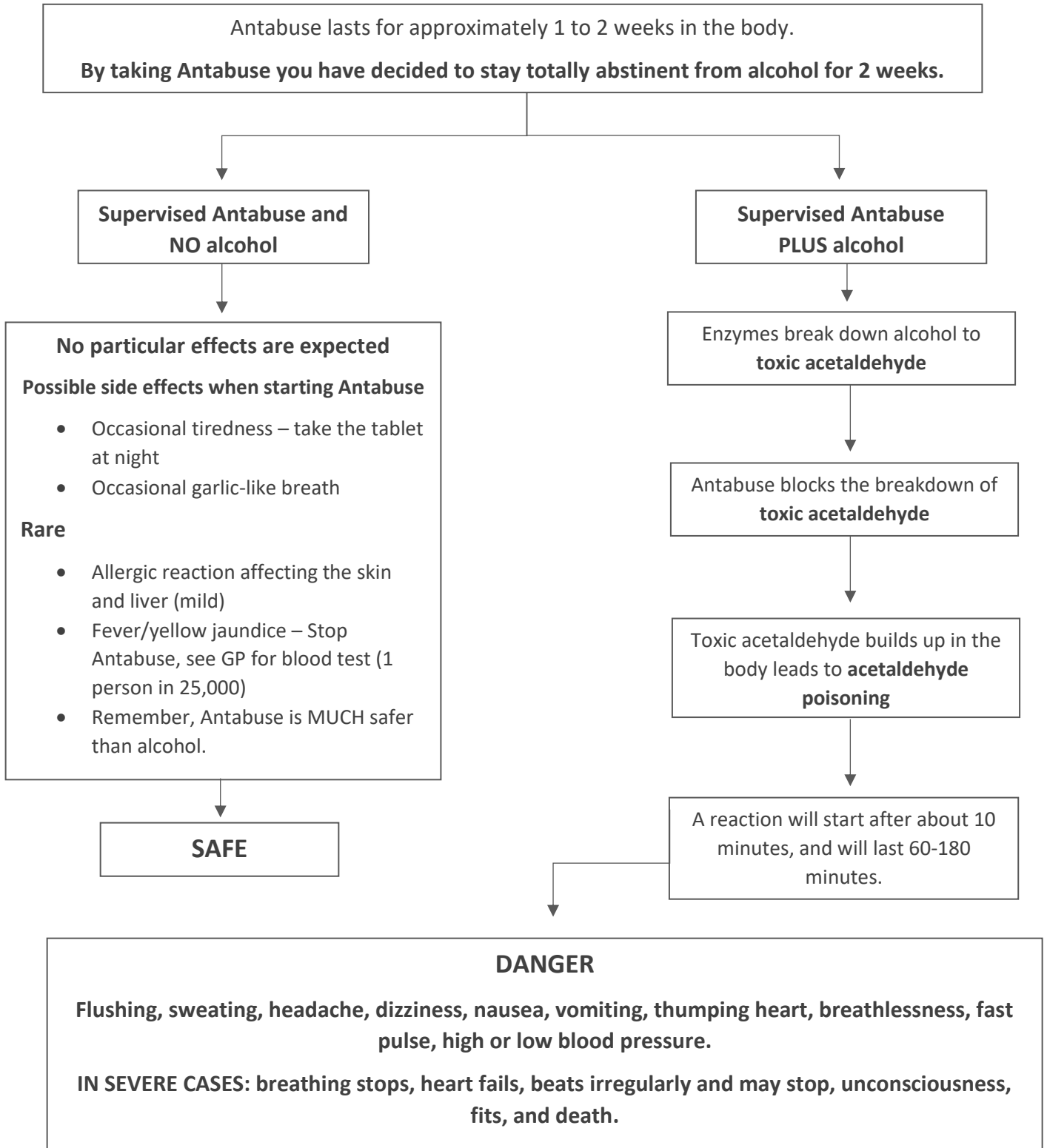
Date:

Designated Detox Coach:



Part 1 – TO BE READ EVERYDAY

Education – Supervised Antabuse – The Only Deterrent



Part 2 – QUESTIONS TO BE ANSWERED EVERYDAY

Education – Supervised Antabuse – The Only Deterrent

1. Why are you taking Antabuse?
2. How long does Antabuse stay in the body?
3. If you don't drink alcohol, what does Antabuse do to you?
4. If you do drink alcohol, what does Antabuse do to you?
5. If you decide to start drinking alcohol again, what do you need to do?

What to tell myself when taking a tablet of Antabuse

I am taking Antabuse because it is a deterrent.

Antabuse will keep me well.

I am consciously making a decision to take Antabuse so that I don't drink

I am choosing to live a sober lifestyle

I am going to learn to deal with my problems and upsets in a healthy way.

General Guidelines – THINGS THAT MAY CONTAIN ALCOHOL

- Mouthwash
- Cough Syrup/Allergy medicines
- Vinegar
- Antiperspirants
- Flavoured Extracts (used for cooking)
- Hand sanitizer
- Perfume or cologne
- Liquid medication (such as Dayquil)
- Non-alcoholic beer and wine (contain trace amounts)
- Aftershave
- Hairspray/mousse
- Some body wash
- Astringents for skin care
- Nail polish remover