

# Sample Client Alcohol Management Plan and Agreement

## Client Information

Name:	Phone number:
Date of birth:	PHN:

## Client Identified Goals

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: If client indicates reduced drinking, AUD treatment, or withdrawal management as a goal, client should be connected to a clinician who specializes in treating substance use disorders.

## Alcohol Management Plan

Beverage Type:          Wine          Dosage <sup>s</sup> : _____	Total Daily Dose: _____
Beverage Type:          Beer          Dosage: _____	
Beverage Type:    Other ( _____ ) Dosage: _____	

Sample drinking schedule: 1 drink every \_\_\_\_\_ hours

Frequency of delivery to client (e.g., daily at 9 am): \_\_\_\_\_

Plan if client is in withdrawal or is out of alcohol: \_\_\_\_\_

\_\_\_\_\_

Schedule of routine primary care check-up (e.g., weekly): \_\_\_\_\_

<sup>s</sup> Enter planned dosage for each type of beverage in number of standard drinks. One standard drink is 1.5 oz vodka, 355 ml can of 5% beer, or 5 oz 12% wine

- Safer drinking education provided
- Pharmacotherapy options discussed, where feasible

## Finances (If Applicable)

Client contribution: \_\_\_\_\_

Money management plan: \_\_\_\_\_  
\_\_\_\_\_

## Comments

## Client Agreement

1. I agree to receive managed alcohol, as outlined above. This includes the types and amounts of alcohol and the schedule for when I will receive the alcohol.
2. Before receiving alcohol, the staff will do a **wellness check** to see if I have signs of over-intoxication.
3. I understand that I will not receive alcohol if I am over-intoxicated at the time of delivery.
4. I agree to **not access other MAPs or seek additional sources of alcohol** outside of the MAP. If I have concerns about my dosage, I will discuss with the program provider. I agree not to share my alcohol with others.
5. I can **request help from the staff** if I need help with food, medications, communication with family, etc.
6. The staff and I will do a **regular check-in on my health**, my alcohol consumption, and whether we need to adjust the plan.

- It is ok to contact me to discuss future research on managed alcohol
- I do not want my administrative records to be used for evaluation purposes

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_