

Appendix 7 Disulfiram Agreement

Disulfiram is a medication used to prevent relapse to alcohol use. It has been explained to me that:

- disulfiram is taken once a day
- using any alcohol products (for example, drinking alcohol, using alcohol-based aftershave, mouthwash or other cosmetics) will most likely produce unpleasant feelings, including flushing, dizziness, nausea and vomiting, irregular heart beat, breathlessness and headaches.

Patient

I, _____ agree to take disulfiram daily for _____ days.

I will take disulfiram every **morning** **lunch** **evening** (please circle one). After this time, I agree to talk to my clinician and to discuss whether or not to continue taking disulfiram.

I agree to have my support person (the person designated below) witness my taking of disulfiram medication at each agreed time.

If I do not take the disulfiram medication as directed, I agree that my support person will contact my treating clinician (doctor or counselor) to inform them.

Support person:

I, _____
agree to be present and witness each dose of disulfiram for the duration of this agreement.

In response to _____
not taking disulfiram as scheduled, I will inform the treating clinician designated below.

Patient's name: _____

Patient's signature: _____

Support person's name: _____

Support person's signature: _____

Clinician's person's name: _____

Clinician's person's signature: _____

Date _____ / _____ / _____