A Card for the Doctor

Fill this in before your appointment (Chapters 8, 9). Being honest keeps you safe.

What I usually drink, how many standard drinks a day	
How long I've been drinking like this	
My last drink: date and time	
Need a morning drink? Shaky or sweaty without one?	☐ yes ☐ no
Quit on my own before? How many times? How did it go?	
Ever had seizures, hallucinations or confusion when stopping?	☐ yes ☐ no
Conditions I have	
Medicines I take, including painkillers I use now and then	
My AUDIT score	
Who can stay with me in the first days	

Something I can say: "I want to stop drinking, but I'm worried it isn't safe to withdraw on my own. Can you help me withdraw with supervision? Is there a medicine that could help me stay off alcohol?"

Questions about medicines: which suits my goal, ○ or ▲? Side effects? Interactions with what I already take? Do I need liver or kidney tests? How long would I take it?