

Antabuse Checklist

1	I have read the Antabuse Education sheet 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	<p>I understand that I should not take Antabuse if I have any of the conditions below:</p> <ol style="list-style-type: none"> 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 <p style="text-align: right;">I have <u>none</u> of these conditions listed</p>	True	False
6	I understand that 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
7	I would like to start Antabuse medication to enable me stay abstinent from alcohol	Yes	No

I HAVE READ AND UNDERSTOOD THE CHECKLIST

Signed.....D.O.B.....

Date.....