

## BRIEF INTERVENTION FOLLOW-UP NOTE

This follow-up note is meant to accompany the Guideline for Problem Drinking [www.BCGuidelines.ca](http://www.BCGuidelines.ca)

DATE	NAME OF PATIENT	TIME SPENT
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**Q2. Heavy drinking days** in the past month:  
(≥ 5 drinks for men / ≥ 4 for women)

	days (positive ≥ 1)
<b>If screen is positive determine weekly</b>	drinks per week (drinking days per week x typical number of drinks)

<b>Working diagnosis:</b>	At-risk drinking	Alcohol abuse	Alcohol dependence
<b>Goal:</b>	Drinking within limits	Abstinence	
<b>Current medications:</b>	Naltrexone	Acamprosate	Disulfiram
	Other (specify):		

**Interval history and progress:**

**Physical examination and laboratory:**

**Current Assessment:**

At-risk drinking	Goals fully met
Alcohol abuse	Goals partially met
Alcohol dependence	Goals not met

**Plan:**

Repeat screening as needed	Patient education about drinking limits
Recommend drinking within limits	Did the patient agree? No Yes
Recommend abstinence	Did the patient agree? No Yes
Naltrexone 50 mg daily	Acamprosate 666 mg 3 times daily Disulfiram 250 mg daily
Thiamine 100 mg IM/PO * (daily x 5)	Acamprosate 333 mg 3 times daily (for moderate renal impairment) (CrCl 30-50 mL/min)
Other medication/dosage:	
Referral (specify):	

\* Continue thiamine while patient is drinking and continue for 1 week after patient stops

**Followup:**

Additional plan (withdrawal treatment, coexisting conditions, etc) : \_\_\_\_\_

BILLING CODE:

DIAGNOSTIC CODE:

BILLING:

DATE:

DATE: