THE KEYS PROJECT

The KEYS Project
124 City Road, London, EC1V 2NX
UK Registered Charity No: 1154263

0800 634 9638
info@thekeysproject.org
thekeysproject.org

Supported and Controlled Alcohol Reduction

Consent Form

CONSENTS AND PERMISSIONS FOR TEAM ASSISTING IN SUPPORTED ALCOHOL REDUCTION

This form to be copied and one copy to be given to the client.

Name:	
Address:	

I hereby give permission for the alcohol reduction team to assist me in a supported alcohol reduction, and I give them permission to hold my alcohol and medication and to give me the agreed amount one day at a time as appropriate.

I understand that any alcohol or medication used during the reduction is purchased by myself with my own money or obtained by myself, although the alcohol reduction team may assist me to do so.

I commit to good communication with the supported alcohol reduction team for the duration of the alcohol reduction, including responding well to phone and text messages.

I acknowledge that the alcohol reduction team are acting in a voluntary capacity only and I take ultimate responsibility for following the alcohol reduction schedule as laid out by the alcohol reduction team.

I agree that I will not suddenly stop drinking or hoard or pour away the bottles provided, as to do so may make the reduction process unsafe for me.

I commit to reasonable behaviour and to not attending meetings intoxicated, and I understand that the alcohol reduction support may be immediately terminated if I am unreasonable, do not follow the agreed plan or use additional alcohol or misuse medication or illicit drugs during the alcohol reduction period.

I agree to report any alcohol withdrawal symptoms, such as nausea, headache, sweating, tremor, anxiety, and rapid heartbeat or palpitations to the reduction support team, to ensure they can monitor me safely.

I confirm that I have been informed of the alcohol reduction and detox options available to me in my area, but that I choose to go ahead with the supported alcohol reduction.

I commit to attending meetings to support my recovery before, during and after my supported alcohol reduction as discussed with the alcohol reduction team.

I understand that I may withdraw from the process at any time, but that if I do so the reduction team will explain to me the risks of my doing so.

I give permission for support team to dispose of any remaining alcohol after successful completion of the alcohol reduction.

Client Signature:	
Print name:	
Date:	

Witness Signature:	
Print name:	
Date:	