

Appendix 10 Sample Managed Alcohol Order

(Adapted from similar Vancouver Coastal Health and Northwest Territories forms)

MANAGED ALCOHOL

To schedule alcohol delivery for a client, call xxx-xxx-xxxx and fax this completed order to xxx-xxx-xxxx

Date:_____ Time:_____

MANAGED ALCOHOL DOSAGE:

Please select alcohol type(s) and complete dosing instructions (items with check boxes must be selected to be ordered):

Dosing Guide	
Type	Dose
Beer	341ml to 355ml = 1 can (1 dose)
Wine	142ml = 1 glass = (1 dose)
Do NOT exceed 18 total doses/24 hours	

Please specify total daily quantities for provision (staff will not divide daily doses):

☐ _____ x cans of beer (1 can = 341ml to 355mL = 1 dose)

☐ _____ x bottles of wine (1 750ml bottle = 5.3 doses)

PROVISION:

☐ Client to self-manage intake with once-daily provision

☐ Staff to provide _____ doses q _____ h PRN to a max of _____ doses/24hrs

DURATION:

MONITORING INSTRUCTIONS:

COMMENTS:

Name_____ Signature _____ Contact number_____