Drinking Agreement

Date: _________________

I, ____________________, agree to the following drinking limit:

Number of drinks per week: ______________________________________________________

Number of drinks per day: _______________________________________________________

**Reasons:** My most important reasons to make these changes are:

______________________________________________________________________________

______________________________________________________________________________

**Possible roadblocks:** Some things that might get in the way and how I’ll handle them:

______________________________________________________________________________

______________________________________________________________________________

Follow up appointment date/time: _______________________________________________

Client signature: ________________________________________________________________