STEP 1: DETERMINE ALCOHOL HISTORY (to be completed by the prescriber)

Estimated Weekly Alcohol Units: _____ (Daily Units x 7 days) excessive weekly consumption (♂& ♀ >14 units/week) Estimated day/time of last drink: _____ (if > 5 days, re-consider alcohol withdrawal status) Presents with (or previous history) Alcohol Related Seizure **Yes** ☐ **No** ☐ Presents with (or previous history) Delirium Tremens **Yes** ☐ **No** ☐	**Number of Units = ABV (%) x Volume (litres)** e.g. A bottle of wine (750mls) which is 12% ABV = 12 x 0.75 = 9 Units A glass of wine (200mls) which is 12% ABV = 12 x 0.2 = 2.4 Units

ALCOHOL SCREENING TOOL *("Audit PC")*

	SCORE					
	0	**1**	**2**	**3**	**4**	**Total**
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times a week	4 or more times a week	
2. How many **units of alcohol** do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often during the last year have you found that you were not able to stop drinking once you had started	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you failed to do what was normally expected of you because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes but not in the past year		Yes during the past year	
TOTAL SCORE:						

0-5:Responsible drinking pattern   **6-10:Hazardous drinking pattern**
11-14:Harmful drinking pattern   **15-20:Dependent drinking pattern**
If Audit PC score indicates that the individual is drinking at harmful / hazardous / dependent levels referral to be made to Alcohol liaison.