**Consent Form for the “Curb-Cravings” Program**

 I am willing to participate in the “Curb Cravings” Program which follows “The Sinclair Method” or TSM for controlling and curbing Alcohol Use Disorder or AUD, or potentially other endorphin related cravings.

I understand that the Curb Cravings Program is for people who simply want more control over their drinking as well as for people who have significant alcoholism.

I understand it is a medical condition and that I will not be judged for having a moral weakness.

I understand that traditional alcohol rehab programs typically only have a 20% success rate at one year and that they usually require expensive inpatient detoxification and withdrawal periods and prolonged close counseling and monitoring and they recommend complete abstinence of alcohol use.

I understand that the Sinclair Method does not require cessation of alcohol use. It does not require any alcohol detox program. It does not require going through any short term withdrawal period.

The Sinclair Method utilizes prescription Naltrexone which is taken 60 minutes before the first drink of any day. Over time, which may be weeks and months, the Naltrexone triggers a physiologic decrease in the urge to drink. It will not prevent a person from drinking. It will not make them sick if they drink. It will not force them to drink less. It does work to gradually lower the significant urges for drinking so that with continuing to take the Naltrexone before the first drink of the day, many people return to being a controlled social drinker.

I understand that taking Naltrexone can be dangerous and life threatening if a person is using narcotics. It may precipitate and severe and life threatening acute withdrawal syndrome.

I understand that I am absolutely guaranteeing that I am not using narcotics in any form by signing my consent to join the “Curb Cravings” Program using Naltrexone.

I understand that It could be dangerous to use Naltrexone if Pregnant or Nursing and that by signing my consent I am guaranteeing that I am not either of the above.

I am signing that I am older than 18 years of age.

I am signing that I am choosing of my own free will to participate in this program.

I am agreeing that I will follow the exact directions to always take Naltrexone 60 minutes before my first drink of the day.

I am agreeing that I will follow up with the recommended supervision for the Program.

I understand that excessive doses of Naltrexone in the range of 300 mg a day could cause liver damage.

I agree to contact the Program Directors if I stop taking Naltrexone before my first alcohol drink of the day and am not able to control my drinking because of not continuing with the protocols.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_