

# SOBRIETY CONTRACT REVIEW

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient ID #:** \_\_\_\_\_

You have a lot of support in your journey, but you have to use it. We support you at the clinic.

How have you used the support of \_\_\_\_\_ to support you in  
IHC Staff Supporter  
your commitment to not drink or use drugs again?

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When you are away from the clinic there are people who are supportive of your efforts.

How have you used the support of \_\_\_\_\_ to support you in  
Outside supporter  
your commitment to not drink or use drugs again?

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You made a commitment to yourself to call a supporter immediately if you felt like taking a drink, using drugs again, or if you just needed to talk. If your supporters were not available, you made a commitment to yourself to do the following:

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How have you used these 3 activities to distance yourself from craving to drink or use drugs again?

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