

Name: _____ DOB: _____

Known Allergies

Severity: MILD MODERATE SEVERE

Reaction

Alcohol: NON-DRINKER DRINKER

How often do you have a drink containing alcohol?

NEVER MONTHLY LESS THAN 2-4
TIMES A MONTH 2-4 TIMES A
WEEK 4+ TIMES A
WEEK

How many standard drinks containing alcohol would you have on a typical day?

1-2 DRINKS 3-4 DRINKS 5-6 DRINKS 7-9 DRINKS 10+ DRINKS

How often would you consume 6 or more drinks on one occasion?

NEVER LESS THAN
MONTHLY MONTHLY WEEKLY DAILY OR
ALMOST DAILY

Smoking: NEVER SMOKED STOPPED IN _____ SMOKE _____ PER DAY/WEEK

Weight (kg) _____ Waist (cm) _____ Height (cm) _____