|  |  |  |  |
| --- | --- | --- | --- |
| 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) |  |