Washington University Physicians
Washington University School of Medicine in St. Louis

Name D.O. B.

DRUG & ALCOHOL HISTORY

On average, how much of the following beverages do you drink each week?

_____ bottles of wine
_____ cans/bottles of beer
_____ shots of liquor

If you don't drink alcohol now, were you ever a regular drinker? ❑ Yes ❑ No If yes, when did you quit? _____

Do you now or have you ever used "recreational drugs" such as marijuana, cocaine, amphetamines, barbiturates or heroin?
❑ Yes ❑ No If yes, what and how often? _____

Are you now or have you ever engaged in sexual practices or behaviors associated with HIV (AIDS) infection?
❑ Yes ❑ No

CURRENT MEDICATIONS

Name	Dose / Strength	How often do you take this?

IMMUNIZATIONS

	Year of last shot or booster
Influenza (flu)	
Pneumococcal (pneumonia shot)	
Tetanus	
Hepatitis A	
Hepatitis B	

Signature of reviewing physician Date

Signature of reviewing physician Date updated

Signature of reviewing physician Date updated