

FOOD ALLERGIES AND INTOLERANCES

MY FOOD/DRINK ALLERGIES/INTOLERANCES <i>(List the food, drink or substance to which you are allergic in the table below.)</i>	RECORD REACTION TO FOOD/DRINK <i>(Record what happens when you eat or come into contact with substance and the immediate care you need.)</i>

ALCOHOLIC BEVERAGES

(Tick boxes for your preferences and add any relevant information)

I drink alcohol Yes No

I drink alcohol: Occasionally weekly daily with dinner at bedtime
 other

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My preferred alcoholic drink is: white wine red wine beer/ale/stout spirits liquors mixed drinks
 other

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