# Formedecon Limited Alcohol Questionnaire

#### **Client Details**

Full Name - Sex		Sex- Male	/ Female	
Age -	Height -	Weight-	Buil	ld
Approximate w	eekly drink consumption –			
Relevant Time	s and Dates			
Date & Time of Incident/Driving				
Date & Time of	Roadside Breath Test	(AM	/ PM)	Result of Roadside Test –
Time of Substan	ntive Breath Test (1)	(GM	T / BST)	Result (1) –
Time of Substan	ntive Breath Test (2)	(GM	T / BST)	Result (2) –
Time of Blood	Urine Sample Provision -		Result of Blo	ood / Urine Test –

### **Please List Any Food Consumed**

Type of Food Consumed	Quantity of Food	Approximate Time of
<u>Consumed</u>	Consumed	<u>Consumption</u>

### Please List Any Medication To Be Considered

Type of Medication	Quantity Of Medication	Approximate Time
<u>Taken</u>	<u>Taken</u>	<u>Taken</u>

## \* Pre-Incident Drinking Details / Intended Consumption In Laced drinks Cases \* Please delete as appropriate

Type and Brand of Drink Consumed	Quantity of Alcohol <u>Consumed</u>	Approximate Time Consumed

\* Post-Incident Drinking Details / Additional Consumption for Laced Drinks Cases \* Please delete as appropriate

Type and Brand of Drink	Quantity	Approximate Time
<u>Consumed</u>	<u>Consumed</u>	<u>Consumed</u>

I confirm the above detail	I confirm the above details form the basis of our instructions to Formedecon Ltd.		
Name:	Signed:	Date:	

This form to be submitted with copy of the appropriate test certificate attached.

The information required by this form is to be used solely for the preparation of a technical report in the matter. All information will be treated in the strictest of confidence

When completed return to: Formedecon Ltd, Unit 41, Enterprise City, Spennymoor, Co. Durham, DL16 6JF DX: 60185 Ferryhill