



VISITOR MEDICATION QUESTIONNAIRE

Print

Name	DOC number
Visitor's name	Planned visit date

List any **prescription medication** you require during your visit, **including prescription contraception**. Prescription medication must be in the original, prescription container (all labels adhered).

Medication and strength	Times normally taken

List any **non-prescription medication** you require during your visit. Non-prescription medication must be in their original container.

Medication/supplement	Dosage taken	Times normally taken

List any **non-prescription contraception/barrier protection, including condoms**, you are bringing for your visit.

Type	Quantity

Visitor's Signature

Date

NOTE: Destroy form AFTER the EFV visit.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Visiting Department