

# Churton Park Medical Care

## SMOKING STATUS

FOR ALL PATIENTS 15 YEARS OF AGE AND OVER

Name:

DOB:

Smoking status: Do you smoke? Please tick as appropriate:

- No never
  
- Yes - how many per day? \_\_\_\_\_ Number of years \_\_\_\_\_
  
- Past/ex smoker - quit over 12 months ago
  
- Past/ex smoker - quit within the last 12 months

.....

## BREAST SCREENING CONSENT FOR FEMALES OVER 45 YEARS

FOR FEMALE PATIENTS 45 years and over: consent for mammogram results from Breast Screening Aotearoa

I \_\_\_\_\_ d.o.b: \_\_\_\_\_ give permission for Breast Screening Aotearoa to release my breast screening information to Dr ..... at Churton Park Medical Care.

Signed:

Date: