

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Would you like help in quitting? please circle YES / NO
  + Past/ex-smoker - quit over 12 months ago
  + Past/ex-smoker - quit within the last 12 months

**Do you vape? Please circle as appropriate:** YES / NO

* Would you like help in quitting? please circle YES / NO

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**­FYI:-**

**BREAST SCREENING FOR FEMALES OVER 45 YEARS**

**Breast Screening Aotearoa**

Please contact **Breast Screening** to advise them of your change of Medical Centre so any results are received by Churton Park Medical Care, Wellington.

<https://www.timetoscreen.nz/breast-screening/>

0800 270 200

***Thank you.***