

Smoking status - please complete one form for everyone over 14 registering with the practice and hand in with your registration form

Name Date of Birth

Do you smoke? YES NO

If No, have you ever smoked? YES NO (no further questions!)

IF YES: when did you give up

How many did you smoke a day

If you are currently smoking - how many do you smoke a day

Would you like any information on stopping smoking clinics and smoking cessation support available both here at the surgery and at the local Congleton War Memorial Hospital?

YES NO (please do not hesitate to contact us if you change your mind)