Registration Form

Name		
Address		
Phone Number		
E-mail Address		
Age Range/Age ☐ 15-24 ☐ 55-64 ☐ 25-34 ☐ 65-74 ☐ 35-44 ☐ 75+ ☐ 45-54	Are you pregnant? ☐ Yes ☐ No	Do you have a Medical Card? ☐ Yes ☐ No
Doctor's Name		
Doctor's Address		

Health: Have you had any recent problems with your heart or lungs?

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How did you hear about the quit smoking programme?

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I intend to take part in all 7 sessions.

Signed ..... Date .....