



Permission Form

Please read the statements below.

Tick the box if you agree. Then please sign the form.

1. I give permission to Health Promotion & Improvement to put my smoking status on their database. I understand that this will be kept in accordance with Data Protection Regulations.
2. I agree that the smoking cessation practitioner will contact me to offer support.
3. After my quit, I will be followed-up at 4 weeks, 3 months and 1 year.

If you were referred by your doctor, please read the following and tick the box if you agree.

4. I agree that the smoking cessation practitioner may contact my doctor to give information on my progress.

Signed

Date