



**WHANGANUI  
DISTRICT COUNCIL**  
Te Kaunihera a Rohe o Whanganui

# HOUSING APPLICATION FORM



## Office use only – please check before accepting application:

- Applicant's contact details are provided (page 9).
- Two character referees who are not family members are provided (page 12).
- Completed, signed and dated the Ministry of Justice application form (pages 20, 21 and 22).
- Attached proof of income (e.g. cheque account/savings account statement and pay slip or WINZ statement).
- Attached valid ID - Driver's licence or passport. Take a colour copy (of both sides) if it is a driver's licence. Office use only - check Applicant has:
  - Attached a copy of a proceeds of sale document if applicant has recently sold their home.
  - Filled in all sections of the application form
- Applicant has signed the Statutory Declaration (page 25). Filled in, signed and dated the Ministry of Justice application form
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- Applicant has kept pages 27 - 30 to take to their doctor. Attached proof of income (bank statements, saving accounts)
- Applicant understands they must book an appointment with their doctor and take the letter and questionnaire with them. Attached valid ID (Driver's Licence or Passport) Take a colour copy if you need to.
- Attached a copy of a proceeds of sale document if applicant has recently old their home.

# Thank you for your interest in our housing

Whanganui District Council owns 275 units in 16 separate complexes in different parts of the city. Our objective is to provide safe and healthy housing to older people with low to moderate financial means.

Our single units cost \$166.00 per week and our double units cost \$215.50. Rent payments are required 2 weeks in advance. All units are one bedroom only.

## **If you are a single person to be eligible for a single unit you must:**

- Be a New Zealand citizen or resident
- Be 65 years old or older
- Criminal convictions will be a relevant factor in deciding your eligibility
- Be able to live alone and compatibly with others
- Receive an income less than \$61,538 per year before tax
- Not own or be a part owner of any residential property
- Have assets less than \$124,379 in value

## **If you are a couple requesting a double unit to be eligible:**

- Both applicants to be a New Zealand citizen or resident
- One person must be 65 years of age or older
- Both applicants must complete an application form
- Any criminal convictions for both applicants will be a relevant factor in determining your eligibility
- Both applicants must be able to live independently and compatibly with others
- Both applicants must receive a combined income of less than \$74,300 per year, before tax
- Both applicants must not own or be a part owner of any residential property
- Both applicants must have combined assets of less than \$124,379 in value

# About Whanganui District Council Housing

To be eligible for council housing a person must be able to live independently.

We define this as:

**A person who is able to look after themselves and engage or manage any support services they require in order to live in the unit as it is presented at the commencement of the tenancy. Support services can include assistance with personal care and cleanliness of the unit but cannot extend to the requirement of a full time or overnight/live-in carer. A person who can live without presenting avoidable risk or harm to themselves or others.**

Tenants must be able to contribute constructively to harmonious community life within the complex. Disruptive, antisocial or threatening behaviour towards other tenants, their visitors, council staff and their contractors will not be tolerated and will ultimately result in eviction. Our complexes are small communities and it is important that all tenants live compatibly with others.

## Age Concern Whanganui

We have a contract with Age Concern Whanganui to provide specialist advice, support and a connection to other service providers to enhance the well-being of our tenants by enabling them to remain independent for as long as possible. This service is free to all tenants. Tenants are encouraged to contact Age Concern Whanganui, call (06) 345 1799 directly, regarding any support they require.

## Double units [1 bedroom]

We have 41 units which are suitable for couples. In the event of one tenant in a double unit no longer being able to stay living in the unit then the remaining tenant will be reassessed using current eligibility criteria – if they qualify for housing they will have the option of moving into a single unit when one becomes available or they may stay in the original unit at the double rate.

### **Alterations to units**

Tenants are encouraged to approach providers specialising in accessibility equipment to access any specialist equipment they require to ensure they can live independently. Age Concern Whanganui can assist in this process. At the end of the tenancy these fixtures or fittings must be removed. Two units are modified for wheelchair users. The remaining units will not be modified to allow for wheelchair users.

### **Visitors**

Tenants may have short-term visitors to stay. However, tenants must not have any additional people permanently living in their unit.

### **Transfers**

Tenants will not be granted transfer to alternate units unless at the request of the council.

### **Housing waiting list**

Once an applicant is approved for housing they will be offered viewings of at least two vacant units, if two are available. If they decline the unit/s they will be moved to the bottom of the waiting list.

## **Pets**

Tenants are allowed pets as of 1 December 2022, being a cat, a bird, or fish.

There are four housing complexes that are strictly 'cat-free' but will allow a bird or fish.

## **Car parks and car ports**

Tenants are generally not allocated specific car parks. There are less car parks and carports than units. A car park or carport is to be used to park a vehicle that is in working order (able to be moved immediately upon request). Car parks and carports may not be used to park the following: campervans, mobile homes, caravans, boats, trailers, permanent structures or used for general storage.

## **Grounds maintenance**

We maintain the grounds – aside from a small garden adjoining each unit, which is the responsibility of the tenant.

## **Enduring Power of Attorney**

Although this is not mandatory, we encourage our tenants to hold an Enduring Power of Attorney for Property (to make financial decisions, e.g. paying bills, ending the tenancy, etc.) and Welfare (to make healthcare decisions) so that when the time comes and they cannot act for themselves systems are in place for someone to advocate on their behalf.



## Your next steps

If you are eligible by meeting all the criteria, please fully complete this application form.

You can get it back to us by:

- Posting it to: Whanganui District Council  
101 Guyton Street,  
Whanganui 4500.
- Hand delivering it in person to Customer Services at 101 Guyton Street.
- Emailing your signed application along with identification to:  
[wdcproperty@whanganui.govt.nz](mailto:wdcproperty@whanganui.govt.nz)

If you are applying as a couple for a double unit, comprising of one double size bedroom, you need to complete two application forms – an application for each person.

**You need to visit your doctor in person as part of this application process. You need to take pages 27 - 30 of this form to your doctor so they can complete the medical questionnaire. Your doctor will return the questionnaire to us.**

If you need assistance completing this application or have any questions regarding our housing, please call our Council-Owned Housing Officer on (06) 349 0001.

**After we receive your completed application and ID we will:**

1. Send out forms to your two character referees to complete and return to us.
2. Request online a Ministry of Justice Report using the information on the ID you have provided.
3. Once we have received your character references, the medical questionnaire from your doctor and your Ministry of Justice report we will arrange an interview with you. This interview will take place at Age Concern Whanganui offices at 164 St Hill Street, Whanganui. Present at the interview will be someone from Age Concern Whanganui and the council's housing officer or a member of the property team. You are welcome to bring a support person if you wish.
4. You will be notified of the outcome of your application after the interview.
5. If successful you will be placed on our waiting list.
6. When a unit is available we will contact you to view the unit. If you accept our offer of a tenancy, we will prepare the documentation and arrange to meet with you again before your move-in date.
7. You will meet with us for a second time to sign your tenancy agreement and related documents, and to make payment of up to 2 weeks rent in advance, plus 4 weeks rent for bond, before you move into your new unit.
8. You will pick up the keys to your unit from us on the day you move in which is your tenancy start date.

## **APPLICANT DETAILS**

Last name: \_\_\_\_\_



First name/s: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you?

- Applying for a single unit [one bedroom, will take a single/king single bed]
- Applying for a double unit [one bedroom, will take a double/queen bed]

Name of other applicant if applying for a double unit.

\_\_\_\_\_

(If you are applying as a couple for a double unit we need two completed application forms – one for each person).

Please give your reason for applying for a unit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **CURRENT LANDLORD DETAILS**

Last name: \_\_\_\_\_

First name/s: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NEXT OF KIN**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**ENDURING POWER OF ATTORNEY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT (IF DIFFERENT FROM YOUR NEXT OF KIN)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**WELFARE GUARDIAN**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**SOLICITOR**

Name: \_\_\_\_\_

Law firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

**CHARACTER REFERENCES**

**These should be people who know you well and can comment on your character. They must not be your family members (either by blood or marriage) and they must not be both from the same household. You may not use your current doctor as a character referee.**

1. Name:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### **ASSETS**

Assets we include in an application are: cash and savings, bonus bonds, investments or shares, loans made to other people (including family trusts), boats, caravans, campervans and investment property.

Assets we do not include in an application are: pre-paid funeral expenses for you and your partner of up to \$10,000 each if they are held in a recognised funeral plan, personal belongings such as clothing and jewellery, household furniture and your vehicle.

Do you own any property?

Yes

No

If yes, please give details e.g. house, unit, land, section, investment property.

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Address/es of property/properties:

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(You are not eligible for Housing if you own or are a part owner of any residential property).

Have you sold any property in the last 5 years?

Yes

No

Address of property:

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Sale price: \$ \_\_\_\_\_

Date of sale: \_\_\_\_\_

Mortgage amount: \$ \_\_\_\_\_

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**If you have recently sold a house, we need a copy of the proceeds of sale document from your solicitor.**

Do you own a car?

Yes

No

Registration of vehicle:

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Make and model:

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**Note: Parking is very limited at our housing complexes; there are more units than there are parking spaces. There are no allocated parking spaces, parking is on a daily first come, first served basis.**

Please list your assets

<b>Asset</b>	<b>Value</b>
KiwiSaver	\$
Savings	\$
Cash	\$
Bonus Bonds	\$
Investment property	\$
Loans to other people	\$
Other (provide detail)	\$
<b>Total</b>	<b>\$</b>

**Please provide any comments you think relevant to your assets**

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**INCOME**

Please list your sources of income

<b>Asset</b>	<b>Dollars per annum before Tax</b>
Superannuation	\$
WINZ Benefit	\$
Wages / salary	\$
Investments	\$
Other (provide detail)	\$
<b>Total</b>	<b>\$</b>

WINZ client number: \_\_\_\_\_

**Please provide us with a copy of your most recent proof of income and savings. At the minimum provide a cheque account and a savings account bank statement. These statements need to show your name, address and the account balance.**

**Please provide any comments you think relevant to your income**

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**MEDICAL**

Doctor's name:

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Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

If your health status changes, impacting on your ability to live independently, we will require written confirmation from your GP declaring you are still able to live on your own.

Do you have any mental or physical disabilities that would affect your ability to live independently?

Yes

No

If yes, please give details:

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**IDENTIFICATION (Must be current – please check your ID has not expired)**

Photo Identification:

Driver's licence

Passport

18+ Card

(We are unable to use your 18+ card for the Ministry of Justice Criminal Conviction request – see attached Justice Criminal Conviction History form)

ID number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Whanganui District Council, in administering its housing units, seeks to provide a safe environment for its tenants. As a part of that process we want to ensure that prospective tenants are suitable. Please complete the attached Ministry of Justice Criminal Conviction History form (Priv/F2) which provides the council with your authority to undertake a Criminal Conviction check. A criminal conviction will not immediately disqualify you, but it will be a relevant factor in deciding your eligibility.

**Please provide a colour photocopy of your ID clearly showing your signature. If you are using a driver's licence we need a colour copy of both sides. If you are hand delivering this application in to us we can photocopy your ID for you at that time.**

## **PETS**

Do you have a pet?

- Yes
- No [if you answer 'No' go to the Ministry of Justice forms pages 20-24 and complete Steps 2, 3 & 4]

What pet do you have?

- A cat
- A bird
- Fish
- Other (please state):

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If you have a pet, and your application is processed through to the 'Approved' stage, you will be required to complete a formal Pet Agreement, sample copy provided on Page 19

**Note: there are some Council housing complexes that are 'Cat Free' but will allow a bird or fish. Please discuss with the Housing Officer at your interview and when you choose a unit after viewing then the Pet Agreement will need to be completed.**

**TENANT AND PET AGREEMENT (SAMPLE ONLY – NOT TO BE COMPLETED ON THIS FORM)**

Tenant name							
Complex name (if applicable)							
Complex address					Unit no.		
Pet name		Type		Sex		M	F
Vet to contact					Phone		
Pet contact person (to be confirmed annually)							
Phone:	Day			Night			Mobile
Email address							
Agreed by tenant and/or family							
		<i>(Signature)</i>				Date	
Agreed by Council Manager							
		<i>(Signature)</i>				Date	

Please outline what is to happen with the pet if it becomes unwell.

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# Request for Criminal Conviction History – Third Party

## Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



### How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party\* to complete
2. Complete all the questions from Step 2 on – start with "Your details"
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

\*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

## Step 1 Third party to complete this section

### Third party name details

Full name of third party:

Full name of the person or organisation the third party **is acting for** (if applicable):

(I.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Whanganui District Council

Third party reference number (if applicable):

N/A

### Third party return address details

Name of the person to return request information to:

PO Box or

Street Address:

P O Box 637

Suburb:

Town/City:

Whanganui

State/Province:

Post Code:

4541

Country:

New Zealand

Signature of third party:

X

OFFICE USE ONLY  
MOJ REQUEST NUMBER



## Step 2 Your details (please print)



**Important: make sure the name and date of birth you write in here matches your identification in Step 3**

### Your Personal Details

Surname:  First name:

Middle names (separated by commas):

Date of birth:    Male  Female

Place of birth:

Telephone:  Mobile:

Email:

### Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code:  Country:

### Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code:  Country:

**Please list any other New Zealand addresses you have lived at in the last 10 years**

Street address:

Suburb:

Town/City:  Post Code:

Street address:

Suburb:

Town/City:  Post Code:

Street address:

Suburb:

Town/City:  Post Code:

### Step 3 Your Identification



**Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:**

- New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.
- New Zealand Firearms Licence** – must be current and cannot be expired or defaced.
- If you do not have any of these forms of identification, you will need to complete Step 5.

### Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

**Tick the report required**

Criminal and traffic convictions report  Traffic convictions report

I want a copy of the information provided to the third party Yes  No

Your signature:

Date:

## Step 5 Proof of Identity

### Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to [www.justice.govt.nz/services/criminal-records](http://www.justice.govt.nz/services/criminal-records)

#### The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

#### Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names (separated by commas):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

#### I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names (separated by commas):	<input type="text"/>		
For	<input type="text"/>	years and vouch for their identity.	

Signature of the identifier:	<input type="text"/>
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## Checklist for the third party



**Please ensure this form is fully completed to avoid processing delays.**



**Step 1:** Third party contact name and address details are completed in full, otherwise we will return this request to the "individual" (person you sent the form to for completion).



**Step 2:** Contains individual's full name and date of birth.



**Step 3:** Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.



**Step 4:** The individual has authorised this request by signing and dating the form.



**Step 5 (if applicable):** Confirmation of the individual's identity if they do not have a valid identification.

### **Sending your form to the Ministry**

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

### **Service standard**

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.

## **PRIVACY STATEMENT**

If successful in your application for housing we collect and retain all of the information you have provided in this application form.

It is a condition of this application that you allow us to share your application with our well-being service provider (currently Age Concern Whanganui) to inform our decision on your application, and if accepted, to help ensure your health and well-being.

If accepted we may share only your name and contact details with our contractors to carry out maintenance to your unit. We will not share any other personal information with any other organisation aside from our well-being service provider (currently Age Concern Whanganui).

## **STATUTORY DECLARATION**

I (print your full name) \_\_\_\_\_  
solemnly and sincerely declare that the information supplied in this application is true and correct. I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. I agree to the Privacy Statement above and to Whanganui District Council contacting the referees supplied in this application. I agree to the information in this application being shared with Whanganui District Council's current well-being service provider.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

## **CHECKLIST**

**Before** sending in your application, please ensure you have:

- Completed all sections of the application form
- Pet Agreement to be completed once a Council unit is agreed on
- Completed Steps 2, 3 & 4 of the Ministry of Justice Request Form (pages 20-24), signed and dated
- Attached proof of income (e.g. cheque account/savings account statement for previous 2 months) and pay slip or WINZ statement.
- Attached a valid ID (driver's licence or passport), colour copy both sides
- Attached a copy of the proceeds of sale document from your solicitor if you have recently sold your home
- Signed the Statutory Declaration (page 25)
- Made an appointment with your doctor and taken pages 27-30 of this application form with you for them to complete and return to us at [wdcproperty@whanganui.govt.nz](mailto:wdcproperty@whanganui.govt.nz)

From this page to the end of this form please take this to your doctor's appointment (pages 27-30).

**It is a requirement of Whanganui District Council's Housing Application process that you book an appointment with your doctor and take the attached letter and questionnaire with you. Your doctor will review your past medical**



**history and discuss your current health with you. They will complete the questionnaire which will assist us to make an informed decision as to whether you are able to live independently. All costs to visit the doctor are the responsibility of you as the applicant.**

**You do not need to return the questionnaire to us – your doctor will do that.**

**Please sign the consent below and give to your doctor along with the following three pages.**

Dear Doctor

I, \_\_\_\_\_

Hereby authorise you to reveal, to Whanganui District Council, details of my medical records retained by you.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**WHANGANUI  
DISTRICT COUNCIL**  
Te Kaunihera a Rohe o Whanganui

Dear Doctor,

**WHANGANUI DISTRICT COUNCIL HOUSING APPLICATION**

The patient in front of you has made an application to be a tenant in one of Whanganui District Council's housing units. A critical factor for us when considering an application is having an understanding of the applicant's physical health, mental health and their ability to live independently.

Living independently in the context of our housing means they are a person who is able to look after themselves and engage or manage any support services they require in order to live in the unit as it is presented at the commencement of the tenancy. Support services can include assistance with personal care, cleanliness of the unit or, for example, the installation of an accessibility ramp but it cannot extend to the requirement of a full-time, overnight or live-in carer. Our tenants must be able to live alone without presenting avoidable risk or harm to themselves or others.

Therefore, it is a requirement that our applicant book an appointment with you as their GP so you can assess their ability to live independently. Once you have met with your patient please complete the attached questionnaire and return it to:

[wdcproperty@whanganui.govt.nz](mailto:wdcproperty@whanganui.govt.nz) and in the subject line 'Housing Application Medical'. Do not return the questionnaire to your patient.

The information you provide will be shared with Age Concern Whanganui who have a contract with Whanganui District Council to provide specialist advice, assistance in our application process and support to enable tenants to live independently and with dignity.

Thank you for your assistance. The information that you provide is valuable to us in not only making an informed decision regarding suitability for housing but also it will inform Age Concern Whanganui as to how best they support your patient. Please feel free to call me if you have any questions on (06) 349 3149.

Kind regards

Melody Copp  
**Council-Owned Housing Officer**



## WHANGANUI DISTRICT COUNCIL HOUSING MEDICAL QUESTIONNAIRE

Please return this completed questionnaire to [wdcproperty@whanganui.govt.nz](mailto:wdcproperty@whanganui.govt.nz)

TODAY'S DATE                  /      /20

PATIENT'S FULL NAME            \_\_\_\_\_ DATE

OF BIRTH:                  /      /

Please detail:

Past medical history

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Present medical conditions

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Please comment on:

Patient's degree of mobility

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Any condition that could affect their ability to live alone

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Patient's ability to live independently

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Any substance abuse issues

Is patient a smoker?

Yes

No

Any other comments

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**Doctor's name:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_