**PATIENT CERVICAL SMEAR FORM**

I do not wish to have a cervical smear taken, because:

1. I have had a hysterectomy (for reasons OTHER than cervical or womb cancer).
2. I have had a smear taken elsewhere within the past three years (please enclosed details, or a copy of your smear result).
3. I do not wish to have cervical screening at present. I have read the relevant information and understand that cervical screening could prevent me from developing cervical cancer. If I decide to commence screening in the future, ***it is my responsibility*** to contact the surgery to arrange this.

Please circle the relevant number above.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_