

SMOKING CESSATION SERVICE CLIENT RECORD FORM

NAME OF PHARMACY
ADDRESS OF PHARMACY

I confirm that I have explained how this service works to the client and assessed the client's readiness to stop smoking

NAME OF STAFF MEMBER	
SIGNATURE	DATE

PATIENT DETAILS

PATIENT NAME	
ADDRESS	
DATE OF BIRTH	
GP NAME	
GP ADDRESS	
TEL/MOBILE	
GENDER	MALE/FEMALE (delete as appropriate)
PREGNANT	YES/NO/NOT APPLICABLE (delete as appropriate)
BREASTFEEDING	YES/NO/NOT APPLICABLE (delete as appropriate)
PLEASE DETAIL ANY MEDICAL CONDITIONS	
PLEASE DETAIL ANY MEDICATION TAKEN	

PATIENT DECLARATION:

- I confirm that the information provided is true and complete to the best of my knowledge and there is no reason to my knowledge why I cannot participate in the service
- I understand and agree to the disclosure of my information being passed to my GP where appropriate and my personal data and measurements being stored by the pharmacy
- I understand that I must inform the pharmacy if any medical circumstances change

SIGNED _____

DATE _____

SMOKING HISTORY

HOW LONG HAS THE PATIENT BEEN SMOKING?	
TIME OF FIRST CIGARETTE	
NUMBER SMOKED PER DAY	
FAGERTSTROM SCORE <i>(if used)</i>	
PREVIOUS QUIT ATTEMPTS <i>(Please detail time since/how long it lasted/medication used)</i>	

CHECKLIST OF DISCUSSION WITH PATIENT AT INITIAL CONSULTATION:

I confirm that I have discussed the following with the patient:

	YES	NO
Explained smoking cessation service to patient	<input type="checkbox"/>	<input type="checkbox"/>
Discussed treatment options (e.g. NRT, Varenicline)	<input type="checkbox"/>	<input type="checkbox"/>
Provided support leaflets and resources as appropriate	<input type="checkbox"/>	<input type="checkbox"/>

Quit date set – please detail _____

Follow up appointment set – please detail _____

RECORD OF APPOINTMENTS

DISCUSSION /ADVICE GIVEN / PRODUCT(S) SUPPLIED	
DATE _____ CO READING _____ SESSION 1	
DATE _____ CO READING _____ SESSION 2	
DATE _____ CO READING _____ SESSION 3	
DATE _____ CO READING _____ SESSION 4	
DATE _____ CO READING _____ SESSION 5	
DATE _____ CO READING _____ SESSION 6	

DISCUSSION /ADVICE GIVEN / PRODUCT(S) SUPPLIED

DATE _____
CO READING _____
**ADDITIONAL
SESSIONS**

DATE _____
CO READING _____
**ADDITIONAL
SESSIONS**
