

GLOUCESTERSHIRE NHS STOP SMOKING SERVICE

Note: All patient data will be kept securely and in accordance with Caldicott guidelines. Information can only be passed to another healthcare professional if this contributes to the provision of effective care.

IMPORTANT: ANY CATEGORY IN BOLD AND UNDERLINED WITH ASTERISKS IS MANDATORY.

ADVISER DETAILS:			
Name		Surgery	Watledge Surgery
Address	Barton Road, Tewkesbury, Glos, GL20 5QQ		
Contact Tel. No.	01684 293278	Senior Partner	Shervey

CLIENT DETAILS:					
Surname		First Name		Mr/Mrs/Ms/Other	
Address					
Postcode		M. Hlth	Y / N	Hosp	Y / N
Telephone Number		NHS Number			
Date of Birth		Gender	Male / Female		
Exempt from prescription charge	Y / N	Pregnant	Y / N	Breast feeding	Y / N
Occupation:					

ETHNIC GROUP (Please see overleaf for category number)
Category Number _____

HOW CLIENT HEARD ABOUT THE SERVICE: (please tick relevant box)					
1 GP	<input type="checkbox"/>	3 Friend/relative	<input type="checkbox"/>	5 Pharmacy	<input type="checkbox"/>
2 Other health professional	<input type="checkbox"/>	4 Advertising	<input type="checkbox"/>	6 Other (please specify)	<input type="checkbox"/>

Agreed quit date		Date of last tobacco use		Date of 4 wk follow-up	

TYPE OF INTERVENTION DELIVERED: (please tick all relevant boxes)					
1 Closed group	<input type="checkbox"/>	4 Telephone support	<input type="checkbox"/>	7 Other (please specify)	<input type="checkbox"/>
2 Open (rolling) group	<input type="checkbox"/>	5 Couple/family	<input type="checkbox"/>	-----	
3 One to one support	<input type="checkbox"/>	6 Drop-in clinic	<input type="checkbox"/>		

TYPE OF PHARMACOLOGICAL SUPPORT USED: (please tick all relevant boxes. Use 1 or 2 to indicate consecutive use of more than one medication - e.g. Champix followed by NRT product)					
1 None	<input type="checkbox"/>	4 Zyban	<input type="checkbox"/>	7 NRT - Gum	<input type="checkbox"/>
2 NRT - Lozenge	<input type="checkbox"/>	5 NRT - Inhalator	<input type="checkbox"/>	8 NRT - Patch	<input type="checkbox"/>
3 NRT - Microtab	<input type="checkbox"/>	6 NRT - Spray	<input type="checkbox"/>	9 Champix	<input type="checkbox"/>

TREATMENT OUTCOME:			
Quit CO verified	<input type="checkbox"/>	Quit self report	<input type="checkbox"/>
		Not Quit	<input type="checkbox"/>
		Lost to follow up*	<input type="checkbox"/>
1. CO Reading	-----	* Please complete if lost to follow up: there must be two attempts by phone or letter to contact the client.	
2. Final CO Reading	-----	Date attempted contact (no 1).....Date attempted contact (no 2).....	

Adviser signature	Client signature (indicating consent to treatment and follow-up and pass on of outcome data to Gloucestershire NHS Stop Smoking Service. Data will be used only for monitoring purposes)
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