****

**Surgery Code**

**Surgery Name**

Home Carer (unpaid)/parent  Long term unemployed  Routine & Manual

Intermediate  Managerial/ Professional  Student – full time

Long term sick/disabled  Retired Not stated

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Gender**

Male  Female

**Contact number**

Pregnant

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White**  British  Irish  Other white | **Mixed**  White & Black Caribbean  White & Black African  White Asian | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Other Asian background | **Black or Black British**  Caribbean  African  Other Black background | **Other Ethnic Group**  Other Ethnic Groups  Chinese  **Other**  Not stated |

**Ethnic Group**

**Occupation**

**Date of Birth**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Postcode**

**Surname**

**First Name**

**All shaded sections MUST be completed. Smoking cessation contract only enables payment for a fully completed form.**

**Smoking Cessation Monitoring Form 2015/16**

Used instead of licensed medication

Used at the same time as licensed medication

Used consecutively to licensed medication (i.e. the client switched use as part of a single quit attempt but not used at the same time)

**Advisor Details:** I confirm that the information given on this form is true and complete.

**Advisor*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Client Consent to Monitoring -** Under the legislation of the Data Protection Act 1998, I consent to treatment and to allow the data collected to be used by the Stop Smoking Service and Public Health, Devon. Summary, anonymised data will be forwarded to the Department of Health for analysis.

I agree to the Stop Smoking Service contacting me to follow up my smoking status after treatment

I consent to the sharing of outcome data with my GP and/or referrer

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Unknown |  |

CO Reading not taken

CO reading at 4 week follow up

**Has the client quit smoking after 4 weeks?**

**Type of products used**

Yes  No

**Unlicensed NCP (e.g. unlicensed e-cigarette used)**

**If yes, was this:**

**Use of unlicensed nicotine containing product (NCP)**

Patch  Gum  Nasal Spray

Lozenge  Inhalator  Microtab

**Mouth Spray**  **Oral Strips (Products in bold not funded by PH)**

Single NRT  Combination NRT  None

Champix  Zyban  Unknown

**Product used to assist Quit**

**When more than one pharmacotherapy has been used were they:**

Used at the same time  Used consecutively (one after the other)

**NRT products used** (only complete if the client used either single or combination NRT)

**Type of licensed pharmacological support used**

**On completion, return form to:**

**Stop Smoking Returns, Public Health, Devon County Council, Topsham Road, Exeter EX2 4QD or Fax 01392 382606**

**Entitled to free prescriptions**

1:1  Couple/family  Drop in clinic

Telephone Support  Group

**Type of support given**

Yes

No

*\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_*

**Agreed Quit Date**