QM reference number……..

County Durham & Darlington Stop Smoking Service
Routes to Quit Client Record Form

Name: …… **(Preferred Name):** ……..……		**Contact Number:** ……..	
Treatment option referred for:		**Treatment option received:**	
Abrupt ☐		Rapid reduction	Used preloading? Y / N
Rapid reduction ☐		Medication only	
Medication only ☐		Gradual reduction	Halved consumption at 6 weeks: Y / N
Gradual reduction ☐			Number of weeks to cut down:

Quit date: ____ / ____ / _____	**Deferred quit date: Y / N**	**New quit date:** ____ / ____ / _____
Number of sessions attended in total: ☐	**1st Appointment date:** ____ / ____ / _____	**Drop in:** ❒ **1-1:** ❒ **Home visit:** ❒ **Partner of pregnant female:** ❒

Date of birth: ____ / ____ / _____	**Gender:** Male ❒ Female ❒	**NHS Number:**

QM Registration Date: ____ / ____ / _____ **PCT:** Durham / Darlington **Consent:** Can Write ❒ Can Phone ❒ Can leave voicemail ❒ Can SMS ❒ Can contact GP ❒ **Preferred Language:** …… **Need for interpreter** Yes ❒ No ❒ **Ethnicity:** …….. **Occupation:** …… **Religion:** …… **Sexual orientation:**……..	**Address:** …… ……..…… …… …… **Post Code:** …….. **Primary No:** …… **Mobile No:** …… **Emergency contact name:** …… **Telephone number:** …… **Relationship to client:** ……..
Planning a pregnancy: Yes ❒ No ❒ **Pregnant:** Yes ❒ No ❒ **Due Date:** ____ / _____ / _____ **Breastfeeding:** Yes ❒ No ❒	**Free prescriptions:** Yes ❒ No ❒ **GP:** …….. **Practice:** …….. **How heard:** …….. **Referrer:** ……..

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Name: …….	**DOB:** ____ / ____ / _____

Medical History: (Circle as appropriate)

Allergy – provide details	Collapsed Lung	Gastric ulcer	
Angina	Contact with TB	Heart attack	Other stomach problem
Asthma	COPD	Heart disease	Psoriasis
Bllod Pressure	Diabetes	Hepatitis C	Reaction to NRT
Bronchitis	Disability – provide details	HIV/Aids	Skin Conditions
Cancer	Eating disorder	Hypertension	Stomach ulcer
CHD	Eczema	Kidney Disease	Stroke
Chest problems	Emphysema	Manic-depressive disorder	Thyroid disease
Circulatory	Epilepsy	Mental Health issue	Thyroid – overactive
			Vascular disease

COPD Questions:

1. Are you 35 years or older and a smoker or ex-smoker? Yes / No
2. Do you feel short of breath during simple tasks like undressing, or walking after a few minutes? Yes / No
3. Do you cough several times most days? Yes / No
4. When you cough do you bring up phlegm? Yes / No
5. Do you wheeze when you breathe? Yes / No

If the client answers three or more as 'Yes' there is a possibility they may have COPD. Ask them to see their doctor and arrange for a simple breath test to evaluate their lungs.
If COPD is detected early, there are steps you can take to slow any damage and make you feel better.

Any other medical history/details:

Smoking History:

Daily amount smoked	…….
How soon after waking 1st smoke	5 Mins ❒ 6-30 Mins ❒ 31-60 Mins ❒ Over 1 Hour ❒
Difficult not to smoke where forbidden	Yes / No
Hardest smoke to quit	First in morning / any others
Smoke more within first few hours of waking	Yes / No
Smoke if ill in bed	Yes / No

Do you smoke cannabis	Yes / No
How many years smoked	……
Children living with you?	Yes / No
Live with other smokers?	Yes / No

Session information

Week: ……..……	Session Date: ____ / ____ / _____
4wk follow-up: Yes ❒ No ❒	Attendance: Yes ❒ No ❒
Quit Smoking: Yes ❒ No ❒	How Conducted: ……
Co Reading: …….	Medication: ……..……

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If client wishes to take Champix please answer these questions at the time of requesting first prescription.

Please circle as appropriate.

Mental health history discussed? : Yes/No

Adverse mental health history noted? : Yes/No

Varenicline requested? : Yes/No

Please answer the following questions at every support session when a client is taking Champix.

How has your mood been since last week/last time? **:**

How often have you felt down, depressed or hopeless? **:**

Have you experienced any unusual feelings / moods you have been concerned about? Or that your family or friends have mentioned? **:**

Medication Comments :

Yellow Card completed: Yes/No

Comments for this session only

Advisor name ……..…….. **Consent form signed:** Yes ❒ No ❒

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