

**For any enquiries please contact the smoking cessation team on Ext 4234 or Bleep 6246**

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| **Patient Details - Complete or Insert patient sticker** |
| Name, Hospital No, DoB, Address**Preferred Tel No.** **Email Address****(if prefers info to be sent by email)** | Please confirm Tel no. provided has been checked with the patient.Y / N  |

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| **Please complete the following information:-** |
| **Patient currently smokes tobacco? □****Or uses chewing tobacco? □** | Yes | Usual daily cigarette consumption?Or rolling tobacco per week (in grams) |
| Ex  | If yes - state when or how long quit |
| *If quit in last 6 months - check if still using any stop smoking support medications or vaping.* |
| ***Very Brief Advice:*** Has the patient been advised that stopping smoking is the best thing for their health and free support is available? | Yes / No | Please ensure patient advised before referral |
| Has the patient been advised of the Trust Smokefree policy? | Yes / No |
| Please confirm the patient has requested or consented to the referral to a specialist advisor/service for support?  | Yes / No |  |
| **In-patient only** | Has the patient been offered Nicotine Replacement Therapy? | Yes / No | Accepted □Declined □ |
| *If patient agrees to NRT use (& declined referral), please prescribe and request supply via pharmacy.**(Smoking Cessation team can be contacted for advice on dose / type of NRT available)* |

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| **Reason for referral (Indicate as appropriate)** |
| **In-Patient Review** | **Tick** | **Out-patient Follow Up** | **Tick** |
| For support to quit +/- NRT |  | Telephone Call  |  |
| Management of nicotine withdrawal / temporary NRT use while In-patient (no quit planned) |  | Written information by letter or email (please supply email address) |  |
| Ex-smoker requiring on-going support / NRT while in-patient |  | Other – please specify |  |
| Other – please specify |  |  |

**Referrer details Date**

**Name Ward/Dept**

**Designation Contact no. / Bleep No**