

The Twyford Medical Practice

Stop Smoking Services

This form to be completed during the patient consultation

Referral date.

Proposed quit date:

Patient Information:

First name:

Last Name:

Address:

Post Code:

Telephone:

Mobile:

Email:

Is nicotine replacement suitable for this Patient? Yes/No

Has the patient been prescribed:

Zyban
Yes/No

NRT
Yes/No

Date

Information about referrer:

Name:

Title:

How to use this contact sheet.

- Advise patient that you are referring them to the service and that we will be contacting the patient by phone or letter.
- Complete detail – pass to administrator or post direct.
- Send via our free post address:

**NHS Stop Smoking Service, Freepost RG2545,
Wokingham, RG41 2BR**

Patients not registering for services at time of first contact will be followed up at 3 - 6 monthly intervals.

Patient Agreement Signature.....

Date.....

Fast Track Appointment Line

To book your appointment Mon – Friday 8.30am – 4.30pm phone
0118 949 5064.

For website registration contact us at:

www.bhps.org.uk/wbstopsmoking

Readiness to quit:



Important & Confident Model

Advisor/Referrer elicits the following information.

1) How **important** is it for you to become a non smoker right now?

On a scale of 0 to 10, what number would you give yourself?

0.....10

Not at all
important

Extremely
Important

What brings you up to.....?

What needs to happen to bring you further up the scale?

Advisor/Referrer elicits the following information.

2) If you decide to make a quit attempt, how **confident** do you feel that you will be able to be a non smoker?

On a scale of 0 to 10, what number would you give yourself?

0.....10

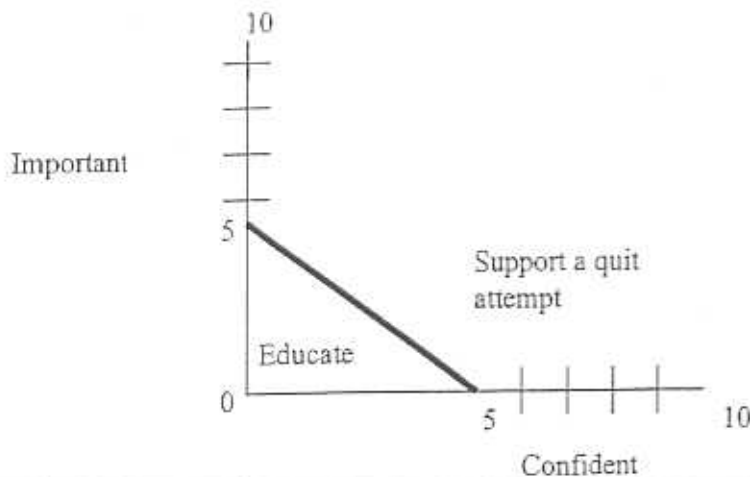
Not at all
confident

Extremely
Confident

What brings you up to your score?

What needs to happen for you to feel different?

Complete the construct.



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