Lanarkshire Stop Smoking Service Client Record

Name: _____ **DOB:** _____

Relevant medical history: **Pregnant** Yes ❑ No ❑ **Breastfeeding** Yes ❑ No ❑

Recent history of MI (heart attack) Yes ❑ No ❑ **Stroke** Yes ❑ No ❑ **in the last 8 weeks** **Unstable angina** Yes ❑ No ❑

Do you take any of the following medication?

Warfarin Yes ❑ No ❑ Clozapine Yes ❑ No ❑ Aminophylline Yes ❑ No ❑ Theophylline Yes ❑ No ❑

ISD number _____ **Quit Date** _____

The NHS Lanarkshire Stop Smoking Service have found that this record sheet enables a simple but effective record of a patients support to be recorded. It also provided a very useful system for communicating information should a patient wish to transfer from a pharmacy to the Lanarkshire Stop Smoking Service or vice versa. It is also a useful prompt to identify patients who require specific management due to their medical history.

Record dual therapy if appropriate.

Week & Date	Status S/NS	Carbon Monoxide Reading	Any medical changes this week	NRT Product issued	Dose	NRT Product issued	Dose	Comments	Signature

S – Smoking/NS – Not Smoking

Stop Smoking Service Locality _____ **Contact number** _____

Pharmacy address _____ **Contact number** _____