

Varenicline Clinical Risk Assessment Form

Client Name: Address:	Tel No: D.O.B:	Pharmacy Stamp
GP's Name & Address:		

Factor	Yes	No	Notes
Is the client under 18 years of age?			If 'yes' – offer nicotine replacement therapy (NRT)
Is the client pregnant?			If 'yes' – offer NRT, referral to specialist services
Is the client breastfeeding?			If 'yes' – offer NRT
Does the client suffer end-stage renal disease?			If 'yes' – offer NRT or refer to GP
Is the client aware that they have renal failure or stage of CKD?			If 'yes' – refer to GP to enquire about degree of functional impairment. See SPC for dosage recommendations
Does the client have a history of serious psychiatric illness or are they on clozapine?			If 'yes' – consider referring to GP, CPN or Psychiatrist for opinion
Does the client suffer from epilepsy?			If 'yes' – offer NRT or refer to GP
Is the client on insulin?			If 'yes' – advise re additional blood glucose monitoring
Is the client currently on another smoking cessation aid?			If 'yes' – varenicline not applicable
Is the client on warfarin or theophylline?			If 'yes' – advise re importance of monitoring INR or respiratory symptoms
Is the client on any other medication? <i>Please note:</i>			If 'yes' – there are very few, if any, interactions between varenicline and other medicines. Check BNF and/or SPC if unsure
Is the client hypersensitive to varenicline or any of its excipients?			If 'yes' – recommend NRT
Does the client have a previous history of Stevens-Johnson Syndrome or Erythema Multiforme?			If 'yes' – recommend NRT

Special circumstances and any other relevant notes:

Only make a supply if you are certain that to the best of your knowledge, it is appropriate to do so.

Action taken:

GP: Supply: Referral to Quit Your Way: Advice given:

The above information is correct to the best of my knowledge. I have been counselled on the use of varenicline and understand the advice given to me by the Pharmacist.

Client's Signature:**Date:**

The action specified was based on the information given to me by the client, which to the best of my knowledge, is correct.

Pharmacist's Signature:**Date:**