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| **Client consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the client consent to follow up? | | | | | | | | | | | | | | | | | Yes □ | | | | | | No □ | | | | | | | |
| By participating in the smoking cessation service the client agrees to be contacted by NHS Scotland representatives to follow up their progress and smoking status, and agrees to provide a contact telephone number to facilitate follow up. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHI: | | | | | | | | Forename: | | | | | | | | | | | | Surname: | | | | | | | | | | |
| Date of Birth: | | | | | | | | Gender: | | | | □ Male | | | □ Female | | | | | Title: | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | Home telephone: | | | | | | | | | | | | | |
| Mobile telephone: | | | | | | | | | | | | | |
| Work telephone: | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | Email: | | | | | | | | | | | | | |
| Is female pregnant: | | | | | □ No | | | | □ Yes | | | | | | | |  | | | | | |  | | | | | | | |
| What is client’s ethnic group? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White | | □ Scottish | | | | □ Irish | | | | | □ Other British | | | | | □ Polish | | | | | □ Gypsy Traveller | | | | | | | | □ Other | |
| Asian | | □ Indian | | | | | □ Pakistani | | | | | | □ Bangladeshi | | | | | | □ Chinese | | | | | | | □ Other | | | | |
| Black | | □ African | | | | | □ Caribbean | | | | | | □ Other | | | | | | □ African other | | | | | | | □ Arab | | | | |
| □ Mixed *(please specify)*: | | | | | | | | | | | | | □ Other *(please specify)*: | | | | | | | | | | | | | □ Not Disclosed | | | | |
| What is client’s employment status? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ In paid employment □  □ Permanently sick/ disabled | | | | | □ Unemployed □  □ Homemaker/Full time parent/Carer | | | | | | | | | | | | □ Retired  □ Other | | | | | | □ Full time student  □ Not known/Missing | | | | | | | |
| **Tobacco use and quit attempts** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On average, how many cigarettes does the client usually smoke per day? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ 10 or less | | | □ 11 - 20 | | | | | | | □ 21 - 30 | | | | | | | | □ More than 30 | | | | | | | □ Unknown | | | | | |
| How soon after waking up does the client usually smoke their first cigarette? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Within 5 minutes | | | □ 6 – 30 minutes | | | | | | | □ 31 – 60 minutes | | | | | | | | □ After one hour | | | | | | | | □ Unknown | | | | |
| How many times has the client tried to quit smoking in the past year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ No quit attempts | | | □ Once | | | | | | | □ 2 or 3 times | | | | | | | | □ 4 or more times | | | | | | | | □ Unknown | | | | |
| **Referral and assessment context** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date referred to service: \_\_/\_\_/\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral source: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Self-referral | | | □ Health point | | | | | | | □ Pharmacist | | | | | | | | □ Smoke line | | | | | | □ Midwife | | | | | | |
| □ GP | | | □ Dentist | | | | | | | □ Practice Nurse | | | | | | | | □ Hospital | | | | | | □ Health Visitor | | | | | | |
| □ Prison | | | □ Incentive scheme | | | | | | | □ Stop smoking roadshow | | | | | | | | □ Other *(please specify)* | | | | | | | | | | | | |
| Intervention setting: □ Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of initial appointment: \_\_/\_\_/\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interventions used in quit attempt: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ One to one session | | | | | | | | □ Group session (closed) | | | | | | | | | | | | □ Group session (open) | | | | | | | | | | |
| □ Telephone support | | | | | | | | □ Other *(please specify)* | | | | | | | | | | | | □ Unknown | | | | | | | | | | |
| Shared care between pharmacy and non-pharmacy services (e.g. QYW Ayrshire): | | | | | | | | | | | | | | | | | | | | | | □ Yes | | | | | | □ No | | |
| Where a community pharmacy is providing Smoking Cessation support in conjunction with Health Board Specialist Service, the patient quit attempt should be recorded as ‘Shared Care’ on PCR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pharmaceutical usage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ NRT only *(single product)* | | | | | | | | | | | | | | □ NRT and Varenicline *(change in product)* | | | | | | | | | | | | | | | | |
| □ NRT only *(more than one product)* | | | | | | | | | | | | | | □ NRT and Buproprion *(change in product)* | | | | | | | | | | | | | | | | |
| □ Varenicline only | | | | | | | | | | | | | | □ Unknown | | | | | | | | | | | | | | | | |
| □ Buproprion only | | | | | | | | | | | | | | □ None | | | | | | | | | | | | | | | | |
| Total number of weeks of known product use: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Varenicline to be supplied, a risk assessment must be completed prior to supply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does assessment indicate that the client’s GP should be contacted to confirm appropriateness? | | | | | | | | | | | | | | | | | | | | | | | | | | | □ Yes | | | □ No |
| I confirm that I am aware that GP must be informed that client will start Varenicline | | | | | | | | | | | | | | | | | | | | | | | | | | | □ Yes | | | |
| Quit date: | \_\_/\_\_/\_\_ | | | Do not set at week 0, wait until actual quit date starts (week 1). Follow up/MDS prompts are calculated from actual quit date. MDS will only be sent once quit date confirmed – triggers remuneration | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Week 4**

Record CO reading

**Weeks 2 & 3**

Record contact information

Generates 3rd payment

**(£35)**

**Week 12**

Submit Week 12 MDS\*

Complete 12 week MDS\* by clicking ‘Release 12 week MDS’

**Week 5 – 12**

If client withdraws from service at any point, record should remain open to allow 12 week submission.

If not, pharmacy will lose **£35** payment per client

Update “Assessment Completion”

**Week 12**

Record CO reading

**Non- Smoker**

**Smoker or Lost to follow up**

Update “Assessment Completion”

**No return**

Click “Assessment Completion”

**Submit** Week 4 MDS\*

Generates 2nd payment

**(£15)**

If client does not return, record 3 contact attempts.

Leave record open until week 4 MDS\* submission

If not, pharmacy will lose **£15** payment per client

Generates 1st payment

**(£30)**

Patient returns

**5 – 7 days** later

Click ‘Confirm Quit date’

Click ‘Next Action’

Record:

* Quit date
* Contact date
* Other appropriate information

Click ‘Home’ when ‘confirm quit date & record appears’

Discuss quit date DO NOT RECORD

Complete required fields

Look up patient CHI