**NAME:**  **DOB/CHI:**

**ADDRESS/POSTCODE:** **CONTACT NO (REQUIREMENT):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WEEK** | **DATE** | **SMOKED? Y/N****(IF Y AT WK 4 THEN FAILED ATTEMPT)** | **PRODUCT/QUANTITY SUPPLIED** | **CO MONITOR (WEEK 1, 4, 12)** | **ENTERED ON PCR** **(TICK & INITIAL)** |
| **1** |  |  |  |  | **CLAIM: £30** |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  | **CLAIM: £15** |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  | **CLAIM: £35** |

**IF NEEDING FURTHER SUPPORT AFTER 12 WEEKS OR IF CLIENT NEEDS ADDITIONAL BEHAVIOURAL SUPPORT DURING THE WEEK THIS CAN BE PROVIDED AS PER SHARED CARE MODEL. PLEASE REFER TO QUIT YOUR WAY TEAM (QYW) on 0800 783 9132**

**NRT FORMULARY CHOICES**

**PATCH - Nicotinell (IF PREFERS 16HR PATCH - TAKE 24HR PATCH OFF AFTER THIS TIME)**

**INHALATOR – Nicorette GUM – Nicotinell LOZENGE – Nicotinell QUICKMIST - Nicorette**