

Smoking Advice Service (SAS) Referral and Registration

FOR OFFICE USE ONLY

Client ID Number _____ CHP Aberdeen City Aberdeenshire Moray

Name: _____ DOB: _____ Gender: _____

CHI Number: _____
Full Address: _____

Postcode: _____
Home Tel: _____
Mobile Tel: _____

Referring GP Practice:

**MORAY COAST MEDICAL PRACTICE
MUIRTON ROAD
LOSSIEMOUTH
MORAY
IV31 6TU**

TO BE COMPLETED BY THE DOCTOR

This patient is medically suitable to receive:

- Nicotine Replacement Therapy (NRT)
- Bupropion (Zyban)
- Smoking Cessation Advice Only (i.e. no pharmacology suitable)

The above client has been seen by me today to request smoking cessation support. I have discussed treatment options, reviewed the client's medical records and would like to request further advice from the SAS.

Signed _____ Print Name (Doctor): _____ Date: _____

Please detail any other information which is relevant to the client receiving smoking cessation support and attending sessions e.g. level access or hearing induction loop required.

If intensive support is required, please ask the client to complete the reverse side then post to: **Smoking Advice Service, Summerfield House, Eday Road, Aberdeen, AB15 6RE** or fax to **01224 558672**. (To avoid duplication, please **DO NOT** fax and then post original).

TO BE COMPLETED BY THE SMOKING CESSATION ADVISOR

The above client has been seen by a trained smoking cessation advisor. We have discussed treatment options and the client has been offered additional smoking cessation support.

Following discussion, the preferred treatment option is:

- Nicotine Replacement Therapy (NRT)
- Bupropion (Zyban)
- Smoking Cessation Advice Only
- Please reassess for the following reason / notes _____

Signed _____ Print Name: _____ Date: _____

Designation: _____

Give completed, full sheet to client to take back to GP if prescription is required. In other cases, post the completed full sheet back to GP Surgery.

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TO BE COMPLETED BY THE CLIENT

EMPLOYMENT STATUS (Please tick one box)

- | | |
|---|---|
| <input type="checkbox"/> In paid employment | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Full-time student | <input type="checkbox"/> Homemaker, full-time parent or carer |
| <input type="checkbox"/> Permanently sick or disabled | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Other _____ | |

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNIC ORIGIN? (Choose one section from A-F, and then tick one box only within that section)

A White

- Scottish
- British
- Irish
- Any other white background (please specify) _____

B Mixed background

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background (please specify) _____

C Asian, Asian Scottish or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify) _____

D Black, black Scottish or black British

- Caribbean
- African
- Any other black background (please specify) _____

E Any other ethnic group _____

F Do not wish to disclose

If female, are you pregnant? Yes No

Are you currently thinking about having or trying for a baby? Yes No

Do you receive free prescriptions? Yes No

Are there any specific times you are unavailable to attend sessions e.g. during working hours?

TOBACCO USE AND QUIT ATTEMPTS

On average, how many cigarettes do you usually smoke per day?

- 10 or less
- 11-20
- 21-30
- more than 30

How soon after waking do you usually smoke your first cigarette?

- within 5 minutes
- 6-30 minutes
- 31-60 minutes
- After 60 minutes

How easy or difficult would you find it to go without smoking for a whole day?

- very easy
- fairly easy
- fairly difficult
- very difficult

How many times have you tried to quit smoking in the past year?

- no quit attempt
- once
- 2-3 times
- 4 or more times

SMOKING CESSATION SERVICE CONSENT

Please read and complete the following. Please ask if you would like any item to be explained. **If you do not agree to any of the following, you are still entitled to receive treatment.**

I am willing for my details to be kept on a confidential database and for anonymised information to be used to assess how the stop smoking programme is working.

Yes No

I agree to be contacted in the future in connection with my smoking (at the end of the programme, and at 3 months and 12 months).

Yes No

Yes No

In order for the service to contact me, I agree to a message being left on my home / mobile (delete as appropriate) answer-phone if necessary. The message will say that the NHS Grampian Smoking Advice Service has tried to contact you. It may also suggest an appointment time and ask you to phone back.

Data Confidentiality and Security

The information provided by you will be held in a secure environment in accordance with The Data Protection Act (1998). The information will only be used to assess the outcome of this project and no details will be passed on to any organizations who are not involved in the outcome assessment.

Client Name: _____ Signature: _____ Date: _____