CLINIC RECORD

Client history

Client name: …………...…………………………….....

How many cigarettes/gms of tobacco smoked per day? ☐☐   **Age started smoking?** ☐☐

Time to first cigarette after waking: ☐ Less than 30 minutes   ☐ 30 minutes to 1 hour   ☐ More than 1 hour

Previous quit attempts: ☐ Aided   ☐ Unaided   Aids used: …….....................……………...........................…………………………

Previous quit attempts through any NHS service: ☐ Yes   ☐ No

Reason for relapse: …...……………………………..…....

Is the client ready to quit now? ☐ Yes   ☐ No   **Planned quit date:** ☐☐ ☐☐ ☐☐☐☐

Motivation to quit: Not motivated   1   2   3   4   5   6   7   8   9   10   Highly motivated

Confidence in quitting: Not confident   1   2   3   4   5   6   7   8   9   10   Highly confident

Record of appointments

Date seen	Type of contact (eg phone)	Counselling time	Product used/none	Smoking status S or NS	CO Score	Comments	Seen by