

Patient Consultation Form

Patient Details

Name (first & surname):	
Date of Birth:	
Post code:	
House no or name:	
NHS Number (if known):	
Phone number:	
Gender:	
Ethnicity:	
GP practice:	
GP practice ODS code:	
Referral to Pharmacy date:	
From (hospital name):	
Quit Date:	
NRT provided by hospital:	
Pregnancy status:	
Service Delivery:	
First consultation Date:	NRT Supplied:
Interim consultation Date:	NRT Supplied:
4 week Quit consultation Date:	NRT Supplied:
CO reading:	
Interim consultation Date:	NRT Supplied:
Interim consultation Date:	NRT Supplied:
Interim consultation Date:	NRT Supplied:
12 week Quit	
CO reading	
Notes	

