|  |
| --- |
| *Insert* Trust Name *(Insert* Trust ODS code) |
| Patient Name |  |
| NHS number |  |
| Date of Birth |  |
| Gender |  |
| Patient Address |  |
| Postcode |  |
| Telephone number(s) |  |
| Ethnic group |  |
| Reason for hospital admission |  |
| Quit date |  |
| Discharge date |   |  **NB! *Do not send referral to the***  ***Pharmacy\* before discharge*** |
| \*Pharmacy for referral | Name:Address: |  Postcode: ODS Code: |
| NRT 1 supplied on discharge |  | Quantity of NRT 1 (Days) |  |
| NRT 2 supplied on discharge |  | Quantity of NRT 2 (Days) |  |
| GP Practice identifier – where patient is registered |  |
| Contact details of the referring Tobacco Dependency Team | *Insert:* TDT contact email address (& Tel No. if available) |
| TDT Advisor’s Name |  |
| Notes (including any Fagestrom Score and adverse drug reaction/s). It may be helpful to include preferred contact method and best contact time/s. **NB! This section will be included in audit reports. DO NOT enter any Person Identifiable Data (PID).** |  |