

I _____ (insert name) wish to access the QUIT Now project.

Address

Postcode

Contact Telephone No

(a QUIT Counsellor will contact you by the number provided above)

Smoking History

How much do you smoke per day?							
1-5 <input type="checkbox"/>	6-10 <input type="checkbox"/>	11-15 <input type="checkbox"/>	16-20 <input type="checkbox"/>	21-30 <input type="checkbox"/>	31-40 <input type="checkbox"/>	41+ <input type="checkbox"/>	Not known <input type="checkbox"/>
How soon after waking do you have your first cigarette?							
How long have you smoked for?							
How much do you want to quit smoking? Very much <input type="checkbox"/> Not very much <input type="checkbox"/> In between <input type="checkbox"/>				Have you tried to quit before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you have quit before? (longest time)				If yes, how many times?			
1-6 days <input type="checkbox"/>	1-2 weeks <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2-3 weeks <input type="checkbox"/>	3-4 weeks <input type="checkbox"/>			5 <input type="checkbox"/>	6+ <input type="checkbox"/>		
1-2 months <input type="checkbox"/>	2-3 months <input type="checkbox"/>			What methods did you use?			
3-4 months <input type="checkbox"/>	4-5 months <input type="checkbox"/>			Counselling <input type="checkbox"/>			
5-6 months <input type="checkbox"/>	6 -12 months <input type="checkbox"/>			Cold turkey <input type="checkbox"/>			
1 year + <input type="checkbox"/>	Undisclosed <input type="checkbox"/>			Cutting down <input type="checkbox"/>			
				NRT <input type="checkbox"/>	(state type) _____		
				Other <input type="checkbox"/>	(please detail): _____		

Medical History

Please can you provide QUIT with a brief overview of your medical history

To be completed by Health Professional

Name	
Address	
Contact No	

I _____ (insert name) confirm that I have provided
_____ (insert name) with a stop smoking brief intervention and
that they wish stop smoking support from QUIT/The QUIT Now project.

Date _____

Please fax this form to QUIT on 020 7251 1661

A QUIT counsellor will be in touch with the smoker within 24 hours, if there is a preferred call
back time please state here _____

Additional methods of contacting QUIT:

Quitline: 0800 00 22 00

Email: stopsmoking@quit.org.uk

www.quit.org.uk

