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**DORSET STOP SMOKING SERVICE**

**Note: All patient data will be kept securely and in accordance with the Data Protection Act 1998. Information can only be passed to another healthcare professional if this contributes to the provision of effective care.**

Public Health Dorset

**From 1st April 2013 NHS Public Health transfers to the Local Authority. Any personal information provided on this form will be held by Public Health Dorset within the Local Authority.**

| **ADVISER DETAILS:** | | | |
|---|---|---|---|
| Name | | Location/setting | |
| Contact Tel No. | | Tutor ID | |

Details below are to be completed and submitted on a monthly basis (with invoices). The details requested relate to patients who have already had their 4-week monitoring form returned to Public Health. DOB **and/or** postcode are required to link the 12-week status to the monitoring form data, and the quit date will specify which episode of care the 12-week status relates to.

| **Patient Name** | **DOB** | **Postcode** | **Quit date** | **SmokeStatus at 12 weeks** (Quit CO verified / Not quit / Lost to follow up) |
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| **Advisor signature:** | |
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