

‘No Durri for this Murri’ Quit Visit

DEMOGRAPHIC INFORMATION		
Medical Record Number		
NCACCH HAC Number		EXT
Patient's General Practitioner		
Date Attended		
CLINICAL INFORMATION	ADULT (15+ years of age)	CHILD (10-14 years of age)
Chronic Condition NB: This question <u>must</u> be completed	<input type="radio"/> None <input type="radio"/> Smoking related <input type="radio"/> Not smoking related	<input type="radio"/> None <input type="radio"/> Smoking related <input type="radio"/> Not smoking related
Tick all boxes below relevant to the patient's Smoking related visit:		
Brief Intervention / Monitoring Progress	<input type="checkbox"/>	<input type="checkbox"/>
MBS Item 715 (ATSI Health Assessment)	<input type="checkbox"/>	<input type="checkbox"/>
MBS Item 10987 (PN or AHW)	<input type="checkbox"/>	<input type="checkbox"/>
MBS Item 721 (GPMP)	<input type="checkbox"/>	<input type="checkbox"/>
MBS Item 723 (TCA)	<input type="checkbox"/>	<input type="checkbox"/>
MBS Item 10997 (PN)	<input type="checkbox"/>	<input type="checkbox"/>
MBS Item 732 (Review)	<input type="checkbox"/>	<input type="checkbox"/>
MBS Item 2710 GP MH Care Plan	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed Champix (Varenicline)	<input type="checkbox"/>	
Prescribed Zyban (Bupropion)	<input type="checkbox"/>	
Prescribed 21 mg Nicotine Patches	<input type="checkbox"/>	<input type="checkbox"/>
NRT gum 4mg, lozenge, inhaler, sublingual tablet	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>
Used 'Intensive Clinical Tobacco Dependence Treatment Guide' and/or Patient Education Sessions	<input type="checkbox"/>	<input type="checkbox"/>
cigarettes per day
CO Reading
Other MBS Item #