NICOTINE PRESCRIPTION QUESTIONNAIRE

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All information is fully confidential and will not be released to anyone without your authority, unless required by law

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal information | | | | |
| Full Name | |  | | |
| Date of birth | |  | Age | |
| Address | |  | | |
| Phone number | |  | | |
| Are you working? | | Job title: | | |
| Email address | |  | | |
| Medicare number | |  | Expiry date | Number eg 1 |
| Concession card | | Type | Number | Expiry |
|  | | | | |
| Why are you seeking a prescription for nicotine?   * 1. To quit smoking   2. To reduce my daily tobacco intake   3. To avoid relapsing to smoking | | |  | |
|  | | |  | |
| Medical history | | | | |
| Do you have any significant medical illnesses, such as diabetes, cancer, asthma, chronic obstructive pulmonary disease (emphysema), psychiatric disorder etc? | | |  | |
| Have you had a stroke, heart attack, irregular heartbeat, uncontrolled hypertension or angina in the past month? | | |  | |
| What medications are you taking? | | |  | |
| Are you using any illicit drugs eg cannabis, cocaine, Ice, ecstasy, heroin, or prescription opiates etc? | | |  | |
| Are you pregnant, or likely to become pregnant while using this product? | | |  | |
| Are you breastfeeding? | | |  | |
| Current smokers (if applicable) | | | | |
| How many cigarettes do you smoke a day? | | |  | |
| How many years have you smoked? | | |  | |
| How many times have you previously attempted to quit smoking? | | |  | |
| What method(s) have you utilised to assist you in quitting? (can be more than one)? | | |  | |
| What problem(s) did you have? Why was it unsuccessful? | | |  | |
| Are you currently using any other medication to stop smoking such as nicotine replacement therapy, varenicline (Champix), bupropion (Zyban)? | | |  | |
| Current vapers | | | | |
| How long have you been vaping? | | |  | |
| Are you still smoking as well? | | |  | |
| If you have quit smoking, how long ago was your last cigarette? | | |  | |
| Why are you vaping?  eg to prevent relapse to smoking | | |  | |
| **E-liquid 1** | | |  | |
| What nicotine concentration do you buy? | |  | |
| What nicotine concentration do you vape? | |  | |
| What volume do you use per day? | |  | |
|  | | |  | |
| **E-liquid 2 (if applicable)** | | |  | |
| What nicotine concentration do you buy | |  | |
| What nicotine concentration do you vape? | |  | |
| What volume do you use per day? | |  | |
|  | | |  | |
| Health warning | | | | |
| Are you aware that E-cigarettes are much less harmful than smoking, but are not harmless, are addictive, but are less addictive than smoking, may carry a small health risk to bystanders, that complete abstinence from smoking and e-cigarette use is the preferred option for your health and that no products are registered and approved by the Therapeutic Goods Administration? | | |  | |
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