NICOTINE PRESCRIPTION QUESTIONNAIRE

Dr Colin Mendelsohn

0415 976 783 | mendel@bigpond.net.au

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

|  |
| --- |
| Personal information |
| Full Name |  |
| Address |  |
| Date of birth |  |
| Age  |  |
| 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? |  |
| Cigarette smoking |
| How many cigarettes did you smoke a day? |  |
| How many years did you smoke? |  |
| 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? |  |
| How long after you started vaping did you quit smoking? |  |
| If you have quit smoking, how long ago was your last cigarette? |  |
| **E-liquid 1** |  |
| What nicotine concentration do you buy? |  |
| What nicotine concentration do you vape? |  |
| What volume do you use per day? |  |
| What device do you use with this? |  |
|  |  |
| **E-liquid 2 (if applicable)** |   |
| What nicotine concentration do you buy |  |
| What nicotine concentration do you vape? |  |
| What volume do you use per day? |  |
| What device do you use with this? |  |
|  |  |
| 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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| Appointment information |
| Video preferences (tick) | 🞎 Zoom🞎 Facetime🞎 WhatsApp |
| Availability | Days and times in the next week when you are available: |