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,? | | | |  | | | | |
| Have you had a stroke, heart attack, irregular heartbeat, uncontrolled hypertension or angina in the past month? | | | |  | | | | |
| What medications are you currently 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 do you smoke (or did you smoke if vaping) a day? | | | |  | | | | |
| How many years did you smoke? | | | |  | | | | |
| How many times have you previously tried to quit smoking? | | | |  | | | | |
| What method(s) have you used? | | | | Cold turkey | |  | | |
| Nicotine patches, gum, lozenges etc | |  | | |
| Champix | |  | | |
| Zyban | |  | | |
| Other | |  | | |
|  | |  | | |
| 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 many cigs? | | | |  | | | | |
| How long after you started vaping did you quit smoking? | | | |  | | | | |
| If you have quit smoking, how long ago was your last cigarette? | | | |  | | | | |
| Where do you normally buy your e-liquid? | | | |  | | | | |
| **E-liquid 1** | | | |  | | | | |
| What nicotine concentration do you buy? | | |  | | | | |
| Nicotine salt or freebase nicotine | | |  | | | | |
| What nicotine concentration do you vape? | | |  | | | | |
| What volume do you use per day?  Or how many pods? | | |  | | | | |
| What device do you use with this? | | |  | | | | |
|  | | | |  | | | | |
| **E-liquid 2 (if applicable)** | | | |  | | | | |
| What nicotine concentration do you buy | | |  | | | | |
| Nicotine salt or freebase nicotine | | |  | | | | |
| What nicotine concentration do you vape? | | |  | | | | |
| What volume do you use per day?  Or how many pods | | |  | | | | |
| 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? | | | |  | | | | |
|  | | | |  | | | | |

|  |  |
| --- | --- |
| Appointment information | |
| Video preferences (tick) | 🞎 Zoom  🞎 Facetime  🞎 WhatsApp  🞎 Other…………………………………………………… |
| Availability | Days and times in the next week when you are available: |