Pharmacy Name

Practitioner Name:

Direct Line:

Email:

Our Ref: [insert]

Date: [insert]

Tobacco Dependency Team,

NHS Trust name

NHS Trust address

NHS Trust postcode

**PRIVATE & CONFIDENTIAL**

Dear Tobacco Dependency Team

RE: [Insert pt name], [insert pt address]

Date of Birth: [insert]

NHS No: [insert]

Hospital No: [insert]

[Insert Pt name] was identified as a smoker and was offered behavioural support and stop smoking medication while an inpatient at the [insert name of hospital] Hospital.

Upon discharge [insert pt name] was referred to this Pharmacy for ongoing support with their quit attempt.

Please update your records with the following: (pharmacy to select the applicable response from below)

* Pt name advised that they did not want to participate in the service/did not want to stop smoking at this stage.
* Pt name was not contactable/did not attend their appointment.
* Pt name has been supplied Nicotine Replacement Therapy (NRT) to support their quit attempt.
* Pt name has recorded a successful 4 week quit attempt (verified with CO monitoring).
* Pt name has recorded a successful 4 week quit attempt (self-reported).
* Pt name has recorded a successful 12 week / final consultation quit attempt (verified with CO monitoring)
* Pt name has recorded a successful 12 week quit attempt (self-reported).

Pt name has been successful / unsuccessful with their quit attempt and discharged from the service.

Regards,