



TREATMENT SESSION FORM

SETTING A QUIT DATE	CO READING
Are you ready to set a quit date this week? YES NO	
Date:	

DATE :

M NUMBER :

TS NUMBER :

NRT REVIEW:

Did you use the NRT as prescribed?
Would you like to change any
products or try something new?

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.....

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MY GREATEST ACCOMPLISHMENT THIS WEEK WAS:

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.....

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MY BIGGEST CHALLENGE THIS WEEK WAS:

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.....

.....

WHAT WENT WELL?

What happened this week? Did you try something new? Did you give up smoking or made a positive change?

WHAT DIDN'T GO WELL?

Is there anything you think didn't go so well? Anything you would do differently this week?

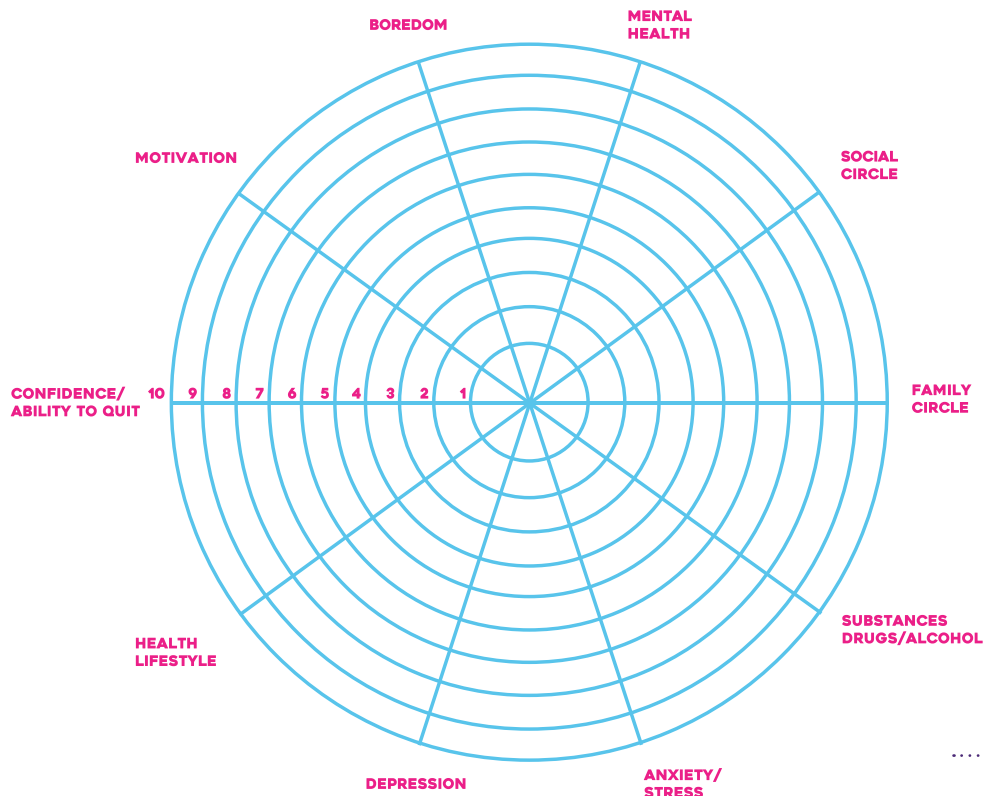
CHANGES GOING FORWARD:

Set yourself a goal or this week. Something that is achievable!



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



ANY OTHER COMMENTS?

[illegible]

NICOTINE REPLACEMENT PRODUCTS:

(Discuss NRT using Nicorette poster)
Have you ever tried to use NRT before?

16 hour patch strength

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Oral product

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Thoughts/feelings?

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NEXT APPOINTMENT

Date:

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Time:

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REMEMBER THE NOT A PUFF RULE!