



# 'No Durri for this Murri' Quit Visit™

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|---|--|--|
| <b>Patient Name</b>   |  |  |
| <b>Patient's General Practitioner</b>   |  |  |
| <b>Date Attended</b>  |  |  |
| <b>CLINICAL INFORMATION</b>   | <b>ADULT<br/>(15+ years of age)</b>                      | <b>CHILD<br/>(10-14 years of age)</b>                    |
| <b>If patient has a current Enhanced Primary Care plan, is it smoking related?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Tick all boxes relevant to the patients "smoking related consultation"</b>   |  | <b>Please Tick</b>                                       |
| Brief Intervention conducted  |  |  |
| Education provided around medication/NRT options, other interventions, etc  |  |  |
| In depth education conducted using the 'Intensive Clinical Tobacco Dependence Treatment Guide and/or Patient Education Sessions |  |  |
| Prescribed Champix (Varenicline)  |  |  |
| Prescribed Zyban (Bupropion)  |  |  |
| MBS Item Number/s   |  | .....  |