

Continuation sheet for weeks 13-24 – attach to original Proforma. Commissioner Authorisation required to supply beyond 12 week course: Authorised by.....Date.....

Checklist at sixth subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at seventh subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at eighth subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at ninth subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at tenth subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at eleventh subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			