



# Break the Habit

## A Pharmacist's Toolkit for Smoking Cessation Counselling

### Patient Enrolment and Consent Form

This form must be completed prior to the first consultation meeting. This form will be filed for documentation and evaluation purposes; a copy may be provided to the patient.

#### Patient Information

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Setting a quit date is an important step in smoking cessation. Please work with your pharmacist to agree on a date or discuss further.

#### Declaration, Enrolment and Consent

**Patient Declaration:** I (the patient) declare that the eligible services provided to me through this consultation will be used personally by me to reduce or stop my use of tobacco.

**Patient Enrolment and Consent:** By signing this enrolment form, I (the patient) agree to work with the pharmacist to stop smoking on the proposed quit date and consent to sharing my health information with other health-care providers as needed.

**Pharmacist Enrolment:** By signing this enrolment form, I (the pharmacist) agree to assist the patient in quitting smoking, including conducting mandatory patient consultation and follow-up appointments.

Patient Signature: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

Expected Quit Date: \_\_\_\_\_

#### FOR PHARMACIST USE ONLY

*[Insert/Stamp Pharmacy Information Here]*

Pharmacist Name: \_\_\_\_\_ Pharmacist License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_

*To be filed for documentation and auditing purposes in accordance with provincial legislation.*