

**The Quick Stop Solution™:
Confidential Patient Information**

Name: _____
Date: _____
Address: _____ City: _____

Postal Code: _____ Phone: (h) _____
(w) _____
Date of Birth(m/d/y) _____ Occupation: _____

Family Doctor: _____ Emergency _____
Contact: _____
Email Address: _____

How did you hear about us?

Please help us know you a little better, so we can help you:

How long have you been smoking?: _____

How many cigarettes per day do you smoke, on average? _____

Do you have stress? Y N Is it related to: health/work/family/personal-life

Are there any circumstances/situations/events that you feel that you **must** have a cigarette? Explain: _____

Do you drink alcohol? Y N Do you smoke more when you drink? Y N

Do your friends, family or coworkers smoke around you? Y N

Have you ever tried to quit smoking in the past? Y N Please explain the

methods that you have attempted, and why they were not successful:

Are you currently taking any medications? Please list: _____

Are you pregnant? Y N If yes, how far along? _____

Have you been diagnosed with any health issues? _____

_____ Family history (high blood pressure, etc):

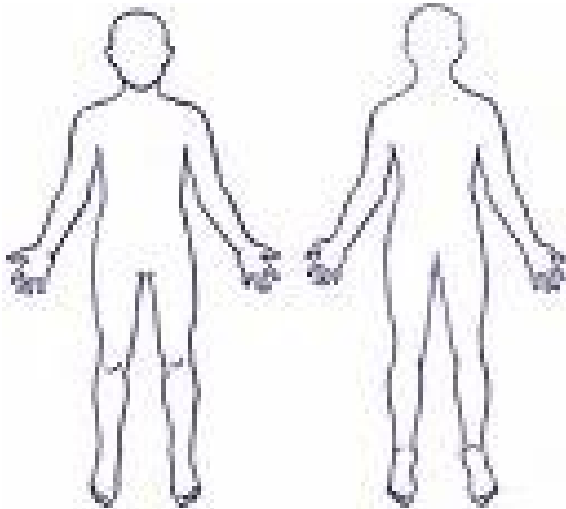
Are you concerned about your diet? Y N Do you exercise? Y N

Other symptoms and secondary complaints. *Please check all that apply:*

Headaches		Numbness/tingling in legs		Loss of smell	
Neck pain		Numbness/tingling in toes		Loss of taste	
Neck stiffness		Numbness/tingling in arms		Light sensitivity	
Lower back pain		Numbness/tingling in fingers		Memory loss	
Chest pain		Cold hands and feet		Tension	
Shortness of Breath		Heart and/or lung problems		ringing/buzzing ears	
Irritability		Stomach/Digestion problems		Loss of balance	
Fatigue		Diarrhea		Flushed face	
Depression		Constipation		Cold sweats	
Dizziness		Fainting		Nervousness	

Are you currently suffering from any pain or discomfort?

Where is the problem? Please use the diagram and symbols, and lines below to explain:



→ = Radiating to/from

XXX=Pain location

Therapist's Notes

For Office Use Only: **Consult** **Success Pack** **24-hour follow-up**