

Appendix 5: Client Treatment Record**Name:****Client ID:**

Week:	Date/Time:	Product:	Signature:
		Nicorette Inhalator ☐ Nicorette Quickmist Duo ☐ Nicorette Quickmist Single ☐ Nicquitin Minis ☐ Nicotinell Gum 2mg ☐	
		Nicorette Inhalator ☐ Nicorette Quickmist Duo ☐ Nicorette Quickmist Single ☐ Nicquitin Minis ☐ Nicotinell Gum 2mg ☐	
		Nicorette Inhalator ☐ Nicorette Quickmist Duo ☐ Nicorette Quickmist Single ☐ Nicquitin Minis ☐ Nicotinell Gum 2mg ☐	
		Nicorette Inhalator ☐ Nicorette Quickmist Duo ☐ Nicorette Quickmist Single ☐ Nicquitin Minis ☐ Nicotinell Gum 2mg ☐	
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Supporting individuals to use Nicotine Replacement Therapy (NRT) to create a smoke free home

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