Patient's Details

Please complete in BLOCK CAPITALS and tick ☑ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms	Gender: ☐ Male ☐ Female
Date of birth: __/__/____	First Name:
	Surname:
NHS Number: ________	Middle Name:
	Previous Name:
Home Address:	Postcode:
Town and Country of birth:	

Contact Details		Occupation:
	Telephone Number:	
	Mobile Number:	
	Work Number:	

Please help us trace your previous medical records by providing the following information			
Your previous address in UK			
Name of previous Doctor while at that address			
Address of previous doctor			
If you are from abroad			
Your first UK address where registered with a GP			
If previously a resident in the UK, date of leaving			
Date you first came to live in UK			
If you are returning from the Armed Forces			
Address before enlisting			
Service or Personnel number			
Enlistment date		Discharge Date	

We will require TWO FORMS of proof of identification to complete your registration form. The proof needs to show your name and address. The address can be your new address or your previous address that you have provided on this registration form. (Forms of identification: Driving License, Passport, Utility Bill, Tenancy Agreement, Benefits Paperwork, Birth Certificate).

PLEASE SIGN BELOW

☐ Signature of Patient ☐ Signature on behalf of patient

.... Date_______/_______/_______

Text Messaging

We will send reminders and invitations by text to your mobile number that you have provided. If you would rather we did not contact you in this way please indicate below. Please note that appointments/reminders may not be sent on all occasions but that the responsibility for attending and appointments or cancelling them still rests with the patient. You can cancel the text message facility at any time. Text messages are generated using a secure facility but I understand that they are transmitted over public network onto a personal telephone and as such may not be secure; however the practice will not transmit any information which would enable an individual patient to be identified.

☐ I consent to Text Messaging	☐ I DO NOT consent to Text Messaging

Online services

Email Address:	
We will automatically opt you in to receiving emails from the surgery. If you do not want to be contacted by email, tick this box to dissent ☐	

- For online services, an email address must be supplied above, along with identification.
- Parents may have access to their child's account up to the age of 11. You can also choose to let another person see your GP record, for example family members or a carer. Please ask at reception for details.
- Please note Children of 16 years and over must supply their own email address.
- Please be aware if you share an email address you may not be the only person that has access to your password and online services account.

Would you like to register for Online Services? This means that you can book, cancel and view appointments or order prescriptions all online. This facility is available 24 hours a day, seven days a week.	☐ Yes ☐ No

If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

NHS Organ Donor Registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply:
☐ Any of my organs and tissue or ☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation

.... Date ____/____/____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor Registration

Tick here if you have given blood in the last 3 years ☐

I would like to join the NHS Blood Donor Register as someone who may be contacted and prepared to donate blood.
Signature confirming consent to inclusion on the NHS Blood Donor Register

.... Date ____/____/____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)..

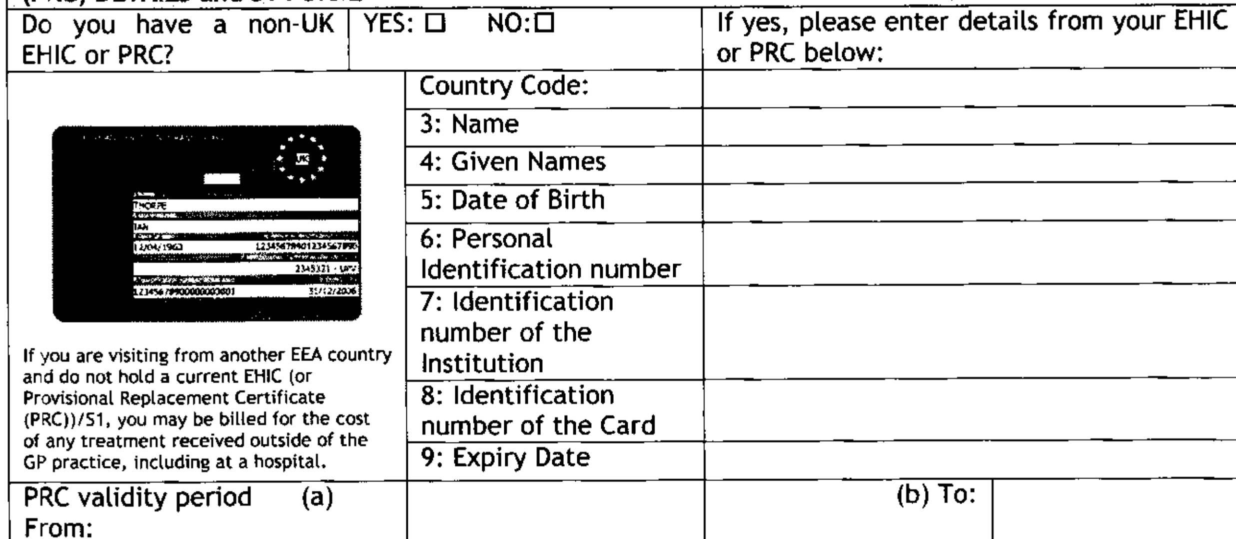
....Postcode:..

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

If you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.
Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.
More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.
You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.
The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.
Please tick one of the following boxes:

a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
c) ☐ I do not know my chargeable status
I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.
A parent/guardian should complete the form on behalf of a child under 16.

Signed:	Date:
Print name:	Relationship to patient:
On behalf of:	



Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.			
NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS			
Do you have a non-UK EHIC or PRC?	YES: ☐ NO: ☐	If yes, please enter details from your EHIC or PRC below:	
If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.	Country Code:		
	3: Name		
	4: Given Names		
	5: Date of Birth		
	6: Personal Identification number		
	7: Identification number of the Institution		
	8: Identification number of the Card		
	9: Expiry Date		
PRC validity period (a) From:		(b) To:	

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.
Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Personal Medical History

Have you ever suffered from any of the following conditions?

☐ Asthma ☐ COPD ☐ Cancer - Type:	☐ Depression ☐ Diabetes ☐ Epilepsy	☐ Heart Disease ☐ Heart Failure ☐ High Blood Pressure	☐ Kidney Disease ☐ Stroke ☐ Underactive Thyroid

Please also list any other conditions, operations or hospital admission details below (Continue on an extra sheet if needed):

Condition	Year Diagnosed	Ongoing
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Family History

Please record any significant family history of close relatives (Father, Mother, Sister or Brother) with medical problems (For example: Heart attacks, stroke, diabetes, high blood pressure, asthma, glaucoma, cancer, liver and kidney disease):

For Patients aged 85 or over: (These are to help us assess if you may need additional clinical input).		
Do you have any health problems that require you to limit your activities?	☐ Yes	☐ No
Do you have any health problems that require you to stay at home?	☐ Yes	☐ No
Do you regularly use a stick, walker or wheelchair to get about?	☐ Yes	☐ No
In case of need, can you count on someone close to you?	☐ Yes	☐ No
Do you need someone to help you on a regular basis?	☐ Yes	☐ No
If you answered yes to the previous question, please provide details if the person is different from the information you have provided as your carer:		

Immunisations

Immunisation	Year	Immunisation	Year
Tetanus		Polio	
Typhoid		Yellow Fever	
Hepatitis A		Hepatitis B	

New Patient Health Check

Are you currently taking any repeat medication?	☐ Yes ☐ No

If Yes - you will be offered an appointment/ telephone consultation with the Clinical Pharmacist.

Some medicines need regular blood tests to ensure that it is safe to continue using them. If you are taking Warfarin or medicines for an organ transplant, or have been told by your last doctor that you are due a blood test soon after joining us, please check to reception so that we can ensure that this happens at the correct time.

If No - If you are currently NOT taking prescribed medication you are still entitled to a New patient Health Check with our Health Care Assistant.

Would you like us to book you a Health Check?	☐ Yes ☐ No

List of Current Medication

If you have a copy of your repeat medications, please pass a copy to reception.

Name of Medication	Dosage

(Continue on an extra sheet if needed).

Allergies

Please list any allergies you have to any drug/ medication:

Name of the Medication	What was the Problem / Upset?

Pharmacy Preference

Prescriptions are now sent to chemists via the Electronic Prescribing Service (EPS). This is an NHS service that enables Doctors to send your prescription directly to your chosen chemist. Please ask if you would like further information about this service.

Please advise which chemist you would like your repeat prescription to be sent to:
(Please tick the appropriate box)

☐ Alliance (Your Local Boots Sandown) ☐ Boots (Sandown) ☐ Boots (Shanklin)	☐ Day Lewis (Lake) ☐ Day Lewis (Shanklin)	☐ Regent (Shanklin) ☐ Jhoots (Sandown)

☐ Other (Please provide the name and location of the Pharmacy):

Ethnicity and Language

Please indicate your ethnic origin:

☐ British or Mixed British ☐ Irish ☐ Indian	☐ African ☐ Caribbean ☐ Pakistani	☐ Bangladeshi ☐ Chinese ☐ Decline to state
☐ Other (please state):		
Main language spoken:		

Carers

Are you a carer? ☐ Yes ☐ No

Do you have a carer? ☐ Yes ☐ No

If yes, please tell us the name and address of your carer:

....

....

Are you happy for us to contact your carer about you? ☐ Yes ☐ No

Next of Kin

Name of Next of Kin:

Address of Next of Kin:

....

....

Contact Details for Next of Kin:

Lifestyle

How tall are you?	
How much do you weigh?	
What is your BMI (If known)?	

Lifestyle: Exercise

Do you exercise?	☐ **Yes** ☐ **No** **Details:** ☐ **Sedentary (No Exercise)** ☐ **Gentle (Climb stairs, walking, gardening)** ☐ **Moderate (Running, cycling, swimming regularly)** ☐ **Vigorous (Attends gym regularly)**
How often do you exercise?	

Lifestyle: Smoking (For Over 18's Only)

Do you smoke? ☐ Yes ☐ No	If Yes, do you smoke: ☐ Cigarette ☐ Pipe ☐ Cigars.
Are you an ex-smoker? ☐ Yes ☐ No	When did you give up?
How many cigarettes/ cigars do you smoke daily? ☐ <1/day ☐ 1-9/day ☐ 10-19/day ☐ 20-39/day ☐ 40+/day	
If you smoke a pipe, how many ounces do you smoke a week?	
Would you like help to quit smoking? ☐ Yes ☐ No For further information, see the leaflet attached on page 14 or visit: www.nhs.uk/smokefree	

Lifestyle: Alcohol (For Over 18's Only)

1 Unit	Half a pint of regular beer, lager or cider - Small glass of wine - Single measure of spirits - Small glass of sherry - Single measure of aperitifs
1.5 Units	330ml bottle or can of 4.5% alcopop or lager
2 Units	Pint of 3.5% beer, lager or cider - Medium (175ml) glass of 11% wine - 500ml can of 4% lager or strong beer
3 Units	Pint of 5% beer, lager or cider
4 Units	500ml can of 8% Lager
9 Units	Bottle of 12% wine

Please answer the following questions below and on the next page, which validate as screening tools for alcohol use:

Alcohol Questionnaire (Audit-C)	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 Times Per Month	2-3 Times Per Week	4+ Times Per Week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
					Total:	

A score of <u>less than 5</u> indicates lower risk drinking. If you scored <u>5 or more</u>, please answer the additional questions below and on the next page:

Additional Audit C Questions	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	

How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total Score:	

Scoring: 0 - 7 Lower risk, 8 - 15 Increasing risk, 16 - 19 Higher risk, 20+ Possible dependence

Female Patients Only

Question	Answer
Are you currently, or think you may be pregnant?	☐ Yes ☐ No
Do you have any children? If yes, how many?	
Which method of contraception, if any, are you using at present?	
Have you had a cervical smear test?	☐ Yes ☐ No
If yes, what was the result and the date of the result (If known)?	

Data Sharing Consent Choices

Introduction
This leaflet explains why information is collected about you, the ways in which this information may be used and who will be collecting it.

Summary Care Record (SCR)
If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. This does not include diagnosis or procedures.
Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

For more information: Phone 0300 123 3020 or visit **www.nhscarerecords.nhs.uk**

SystmOne Data Sharing
The practice uses a clinical computer system called SystmOne to store your medical information. The system is also used by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and many more. This means your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history including medication and allergies. You can control how your medical information is shared with other organisations that use this system.

1. **Sharing Out** - *This controls whether your information stored in the practice can be shared with other NHS services (i.e. made shareable)*
2. **Sharing In** - *This controls whether information made shareable at other NHS care services can be viewed by us, your GP practice, or not. (i.e. shared in)*

Health Check Programme
To ensure you receive the best possible care, we may contact you to invite you to participate in health improvement programmes, for example the NHS Health Check, a cardiovascular disease prevention programme for people aged 40-74 not previously diagnosed with cardiovascular disease. We may invite you for an appointment using a data processor who works entirely under our direction. Nobody outside the healthcare team in the practice will see confidential information about you during the invitation process.

We maintain our legal duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to third parties without your permission unless there are exceptional circumstances, such as when the health or safety of others is at risk or where the law requires information to be passed on.

You have a right under the Data Protection Act 1998 to find out what information we hold about you. This is known as 'the right of subject access'. If you would like to make a subject access request, please do so in writing to the practice manager. If you would like to know more about how we use your information, or if you do not want us to use your information in this way, please contact the practice manager.

Benefits of sharing information
Sharing information can help improve understanding, responses to different treatments and potential solutions. Information will also help to:

- Provide better information to out of hours and emergency services
- Prevent Prescribing of medication to which you may already have an allergy
- Make more informed prescribing decisions about drugs and dosages Avoid unnecessary duplication in prescribing
- Increase clinician confidence when providing care
- Results of investigations, such as X-rays and laboratory tests
- Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises
- Find out basic details about you, such as address and next of kind

Do I have a choice?
Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside this Practice, complete the sheet enclosed in this leaflet. This will prevent your confidential information being used other than where necessary by law.

Objecting on behalf of others

If you are a carer and have a ***Lasting Power of Attorney for health and welfare*** then you can object on behalf of the patient who lacks capacity. If you do not hold a ***Lasting Power of Attorney*** then you can raise your specific concerns with the patient's GP.

If you have parental responsibility and your child is not able to make an in- formed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

Do I need to do anything?

Note your decisions on the enclosed form and return to Reception. You can change your mind at any time, just complete another form.

Data Sharing Consent Choices - Please fill out the form below

To maintain continuity of clinical care, we upload certain medical information so that it is available to other healthcare organisations (e.g. Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

Please complete the information below with your choices on sharing your data and hand to Reception.

Name:..Date of Birth:..........................…

Address:...

....

Data for research

☐ I do not wish identifiable data about me to leave the practice

Summary Care Record

☐ I do not wish to have a Summary care Record

(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)

TPP SystmOne (Computer system used by Sandown Health Centre)

☐ I agree to information about me being shared with other services using TPP medical systems

☐ I do not agree to information about me being shared with other services using TPP medical systems

☐ I agree to the practice seeing information recorded at other services using TPP systems.

☐ I do not agree to the practice seeing information recorded at other services using TPP systems.

Health Check Programme

☐ I agree to being invited for screening programmes by the data processor

☐ I do not agree to being invited for screening programmes by the data processor

HA use only **Patient registered for:** ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

To be completed by the doctor

Doctors Name HA Code

....

☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services

☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, *if different from above* HA Code

....

☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient or

☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, *if different from above* HA Code

....

☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval

☐ I am claiming rural practice payment for this patient

Distance in miles between my patient's home address and my main surgery is.....................................

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.	Practice Stamp
Name...Date ____/____/____ *Authorised Signature:*	

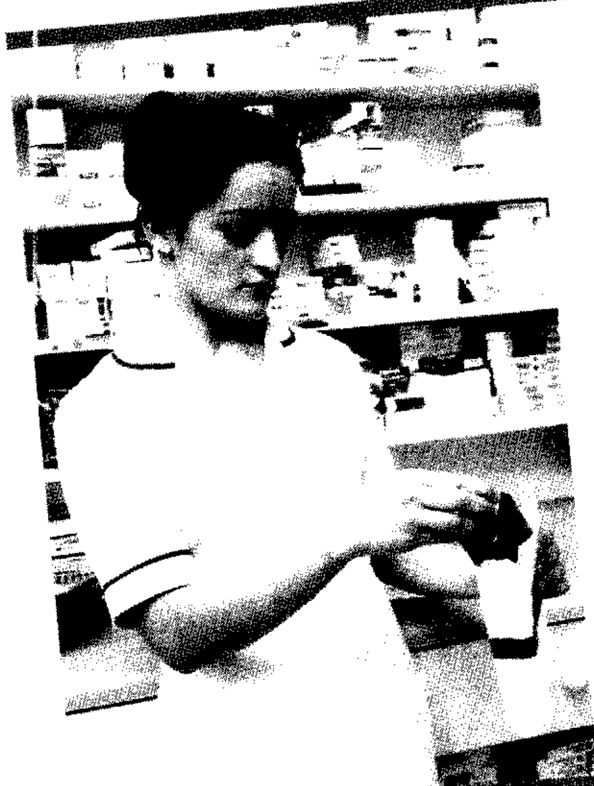
Internal Use: Please Tick and Initial

January 2019

Patient Booklet	☐ **Yes**	☐ **No**
Smoking Advice	☐ **Yes**	☐ **No**
Informed of Named GP	☐ **Yes**	☐ **No**
Health Check Invite	☐ **Yes** **Date of Appt**	☐ **No**
Staff Initials and Date		
Identification seen	☐ **Yes**	☐ **No**

PHARMACY FIRST

Isle of Wight Clinical Commissioning Group



Doctors' appointments aren't always necessary if you think Pharmacy First

Pharmacy First is a new scheme which allows people with certain minor ailments and conditions to go straight to their pharmacist to receive a consultation without needing to visit their GP to get a prescription first

Your Pharmacist is a qualified health care professional who can help with your health problems and will offer you a private space to talk with you about your symptoms. If it is something more serious, then they will direct you appropriately

Don't wait for a doctor's appointment - Go straight to your pharmacy

Conditions

✓ Constipation ✓ Diarrhoea ✓ Insect bites & sting ✓ Allergic rhinitis/Hayfever ✓ Headlice ✓ Mouth ulcers ✓ Haemorrhoids ✓ Vaginal thrush ✓ Dyspepsia ✓ Nappy rash ✓ Sore throat ✓ Minor burns & scalds ✓ Viral infections ✓ Conjunctivitis ✓ Headache ✓ Earwax ✓ Cold sore ✓ Musculo-skeletal pain ✓ Soft tissue injuries ✓ Paediatric teething ✓ Paediatric fever ✓ Athletes foot ✓ Threadworm ✓ Contact dermatitis ✓ Fungal skin infection ✓ Oral thrush (Adult & Paediatric)

Ask now about Pharmacy First

Tips To Help You Stop Smoking

Stopping smoking is not easy. Below are some tips which may help you to quit smoking. At the end of the leaflet there are details of some further resources that may help.

- **Write a list of the reasons why you want to stop,** and keep them with you.
- **Set a date for stopping,** and stop completely. (Some people prefer the idea of cutting down gradually. However, research has shown that if you smoke less cigarettes than usual, you are likely to smoke more of each cigarette, and nicotine levels remain nearly the same. Therefore, it is usually best to stop once and for all from a set date.)
- **Tell everyone that you are giving up smoking.** Friends and family often give support and may help you. Smoking by others in the household makes giving up harder. If appropriate, try to get other household members who smoke, or friends who smoke, to stop smoking at the same time. A 'team' effort may be easier than going it alone.
- **Get rid of ashtrays, lighters, and all cigarettes.**
- **Be prepared for some withdrawal symptoms.** When you stop smoking, you are likely to get symptoms which may include: nausea (feeling sick), headaches, anxiety, irritability, craving, and just feeling awful. These symptoms are caused by the lack of nicotine that your body has been used to. They tend to peak after 12-24 hours, and then gradually ease over 2-4 weeks.
- **Anticipate a cough.** It is normal for a 'smokers cough' to get worse when you stop smoking (as the airways 'come back to life'). Many people say that this makes them feel worse for a while after stopping smoking and makes them tempted to restart smoking. Resist this temptation! The cough usually gradually eases.
- **Be aware of situations** in which you are most likely to want to smoke. In particular, drinking alcohol is often associated with failing in an attempt to stop smoking. You should consider not drinking much alcohol in the first few weeks after stopping smoking. Try changing your routine for the first few weeks. For example, don't go to the pub for a while if that is a tempting place to smoke and drink alcohol. Also, if drinking tea and coffee are difficult times, try drinking mainly fruit juice and plenty of water instead.
- **Take one day at a time.** Mark off each successful day on a calendar. Look at it when you feel tempted to smoke, and tell yourself that you don't want to start all over again.
- **Be positive.** You can tell people that you don't smoke. You will smell better. After a few weeks you should feel better, taste your food more, and cough less. You will have more money. Perhaps put away the money you would have spent on cigarettes for treats.
- **Food.** Some people worry about gaining weight when they give up smoking as the appetite may improve. Anticipate an increase in appetite, and try not to increase fatty or sugary foods as snacks. Try sugar-free gum and fruit instead.
- **Don't despair if you fail.** Examine the reasons why you felt it was more difficult at that particular time. It will make you stronger next time. On average, people who eventually stop smoking have made 3 or 4 previous attempts.
- **Stop Smoking Clinics** are available on the NHS. They have a good success in helping people to stop smoking. Your doctor may refer you to one if you are keen to stop smoking but are finding it difficult to do so.
- **Various medicines** can increase your chance of quitting. These include Nicotine Replacement Therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges, and inhalers. You can buy NRT without a prescription. Also, medicines called bupropion (trade name 'Zyban') and Varenicline (trade name 'Champix) can help. These are available on prescription.

Further help and information

- **Quit** - a charity that helps people to stop smoking. Quitline: 0800 00 22 00 Web: www.quit.org.uk
- **Smokefree** - information from the NHS Free smoking helpline 0800 022 4 332 Web: www.smokefree.nhs.uk For help and advice on stopping smoking, and for details of your local NHS Stop Smoking Service.