******QuitManager New One-to-One Clinic Set-up**

**Complete one form per clinic**

**Advisor Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name** | *e.g Mallow Primary Health Care Centre* | | | | | | |
| **Location** | *e.g. North Cork* | | | | | | |
| **CHO** | **If Clinic/Service is in the community then please state which CHO it is in eg. 7.** | | | | | | |
| **Hospital Group** | **If Clinic/Service is on an Acute Hospital Site, please state which Hospital Group: eg. Saolta.** | | | | | | |
| **Day** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Start Time** |  |  |  |  |  |  |  |
| **Finish**  **Time** |  |  |  |  |  |  |  |
| **Address** |  | | | | | | |
| **Eircode**  **(Mandatory)** | Use eircode look up if required. <https://finder.eircode.ie/#/> (limit on number of eircode searches per day) | | | | | | |
| **Contact Person** | *(May be clerical support, receptionist)* | | | | | | |
| **Telephone No** | *Should be advisor’s direct contact, ideally mobile where possible* | | | | | | |
| **Comment** | *e.g clinic may be every second week* | | | | | | |
| **Duration of first appointment** |  | | | | | | |
| **Duration of follow up appointments** |  | | | | | | |
| **Intervention setting** | *e.g. mental health acute/community, primary care, community, maternity, acute services etc* | | | | | | |