******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* |
| **Clinic & Advisor details to be added to** [**Quit Smoking HSE Services Page**](https://www2.hse.ie/quit-smoking/support-services/) **– Quit.ie** | **Yes** **No**  |