

Letter to treating doctor

Date

Address

Dear Doctor

Your patient, _____ D.O.B _____ has decided to attend a Quit Smoking Program specifically designed for people with a mental illness to be held from _____ to _____ and has given permission for me to contact you.

The program gives information and support for people who want to reduce or quit smoking. We tell participants about the possible impact on current medication and available medications to assist with quitting including nicotine replacement therapy. Participants are strongly encouraged to discuss their individual situation with their doctor and pharmacist.

Your involvement and support in monitoring these issues is appreciated and will assist your patient to reduce and quit smoking, and improve their overall health and quality of life.

Please do not hesitate to contact me if you would like any other information. Further medication information can be obtained from the National Prescribing Service (NPS) Therapeutic Advice and Information Service on 1300 138 677.

Yours sincerely

Your name

Course Facilitator
Contact details