**Sevrage tabagique - Document de suivi n°76**

**(AR du 31.08.2009)**

**Identification du patient:**

Nom: ……………………………………………………………………………………………………………………….……...

Prénom: ……………………………………………………………………………………………………………………….……...

Adresse: ……………………………………………………………………………………………………………………….……...

Date de naissance: ……/……/…………

**Historique du tabagisme (initiation, tentatives, arrêts, ...)**

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**Evaluation de la dépendance tabagique (ex: test de Fagerström)**

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**Evaluation de la motivation à l'arrêt**

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**Mesures de CO**

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**Evaluation de la présence d'anxiété et/ou de dépression (ex: HAD: Hospital anxiety and depression scale)**

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| **Date des séances** : | ……/……/………… | ……/……/………… | ……/……/………… | ……/……/………… |
|  | ……/……/………… | ……/……/………… | ……/……/………… | ……/……/………… |