



Secondary Follow-up Counselling Sessions 4-7

Name:	Date:				
Appointment location:					
Method of appointment: ☐ In person ☐ 1	: Telephone	☐ Video-conferencing	□ Email	□ Other:	
ARRANGE	The four Secibilling for. You will be secilar to the second to the sec	bu may bill for 4 visits only. - 60 (approximately 3 - 5 mineral (approxi	nutes) ninutes) minutes) minutes) minutes) quit date? Yes / N o trying he first consultationarmacist may info	described. Circle which appointment you a look and are taking is helping? Yes / Noon, a patient may decide to withdraw from patients who withdraw and are not late (one year from the date of the first ent's quit status. Refer to Program Evaluation	lo the
Name of Pharmacist:					
		tinuing on each visit and or submit electronic claim us limit to four cla withdraws from the program p To be filed for documentati A copy may be prov	sing PIN 9389994 aims per year) blease refer to Prog ion and auditing p	43 = \$10 gram Evaluation Form ourposes	

To be filed for documentation and auditing purposes: 2 years for audit under the ODB program 10 years as part of the patient health record