# Rookstopbegeleiding - Opvolgingsdocument nr.76 (KB van 31.08.2009)

**Identificatie van de patiënt:**

Naam: ……………………………………………………………………………………………………………………….……...

Voornaam: ……………………………………………………………………………………………………………………….……...

Adres: ……………………………………………………………………………………………………………………….……...

Geboortedatum: ……/……/…………

**Historiek van de rookverslaving (initiatie, pogingen, stoppen, ...)**

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**Evaluatie van de rookverslaving (bv.: test van Fagerström)**

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**Evaluatie van de motivering van het stoppen**

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**CO-meting**

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**Evaluatie van de aanwezigheid van angst en/of depressie (bv. HAD: Hospital anxiety and depression scale)**

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| **Datum van de sessies:** | ……/……/………… | ……/……/………… | ……/……/………… | ……/……/………… |
| ……/……/………… | ……/……/………… | ……/……/………… | ……/……/………… |