



## Consent Form

**Patient Name:**

I consent to the CURE Team contacting me post discharge from hospital to discuss my tobacco addiction treatment as an inpatient; this will consist of a phone call mainly discussing how I felt around the treatment pathway, the staff and how effective it was in aiding me on my quit attempt.

**I also consent to the following ticked below;**

- Use of Name
- Use of Photo
- Agreed to be filmed

**Signature:**

