Brief Tobacco Cessation Intervention

Date_________________  Patient Name ____________________
Chart # __________________
Provider Name ________________

Medical concerns: ___________________________________________________________________

ASK
✓ Number of cigarettes___, cigars___, pipe bowls___ per day
✓ Number of ST cans/pouches per week ___
✓ Number of years used ___
✓ How soon after you wake up do you use tobacco?
  within 30 minutes  more than 30 minutes
✓ Previous quit attempts
  # of attempts ___ longest quit period _____ method(s) used__________________________
  how long ago was last attempt to quit….years___ months___
✓ Reasons for wanting to quit ______________________________________________________

ADVISE about the oral benefits of quitting

ASSESS willingness to make a quit attempt (Stage of Change)
  Precontemplation (stop here & re-assess next visit)  Contemplation  Preparation

ASSIST (depending on stage of change)

   Ask those interested in quitting if they would like to talk on the phone with a
   tobacco cessation counselor. If so have the patient fill out:
   MN Tobacco Quitlines Fax Form (middle section) and return form to Dr. Bakdash
   Be sure to put your name after Health Care Provider ______ (at the top of the fax form)

☐ self-help pamphlets & materials
☐ list of local community group/individual quit programs and phone helplines
☐ encourage a quit date (for those who are ready)
☐ pharmacotherapy: nicotine gum / lozenge / patch / inhaler / nasal spray / Zyban / Chantix
  Rx ___________________________ (ADA Code#D1320)

ARRANGE follow-up if set a quit date (with permission)
  Quit date_______  Phone calls or visits: Week 1-2_______  Month 1___, 3___, 6___, 12___

Comments: