

## 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: