

North Texas Family Health
Tobacco Cessation Counseling

15 August, 2019

Patient Name: _____

Date: _____

The following is to be addressed and completed by the provider

Start Time: _____

1. Ask - every patient about tobacco use (1 minute)
 - a. Patient does not smoke
 - i. Patient is a former smoker
 - b. Patient has recently quit smoking in the past 30 days
 - c. Patient is a Light smoker (fewer than 10 cigarettes per day)
 - d. Patient is a Moderate smoker (10 to 20 cigarettes per day)
 - e. Patient is a Heavy smoker (21 or more cigarettes per day)
2. Advise - all smokers/tobacco users of the consequences of tobacco use (1 minute)
 - a. Encouraged recent quitters to continue abstinence
 - b. Present strong, compelling evidence that is relevant to the patient about the importance of quitting.
 - i. Cough, Shortness of Breath, Premature signs of aging, Respiratory disease, Cardiovascular disease, Cancer, Pregnancy complications
3. Assess - tobacco user's willingness to make a quit attempt (1 minute)
 - a. Is the patient willing to quit within the next 30 days?
 - b. If the patient is willing to attempt to quit using tobacco, move onto the Assist Step
 - c. If the patient is not willing to quit, address the patient's concerns about trying to quit.
4. Assist - with treatment and referrals (3+ minutes)
 - a. If applicable, review strategies that helped during previous quit attempts
 - b. Develop approaches to manage withdrawal symptoms
 - c. Discuss proper use of pharmacotherapy.
 - i. Pharmacotherapy Prescribed: _____
 - d. Help the patient identify a support network
 - e. Discuss what to do in situations when the patient would normally smoke
 - f. Document the extent of the intervention for assessment of the quit attempt at the next visit
5. Arrange - follow up evaluation and assessment (1 minute)
 - a. Assess smoking status at every visit
 - b. Ask patient about the quitting process
 - c. Express willingness to assist the patient
 - d. Reinforce the steps being taken that the patient is currently taking to quit
 - e. Referral to the Tobacco Quit Helpline.
 - i. Texas - www.yesquit.org
 - ii. Oklahoma - okhelpline.com
 - iii. 1-800-QUIT-NOW
 - iv. Other: _____

End Time: _____

Provider Signature: _____