

Tobacco Treatment Enrollment

A Collaboration of the Mass. Department of Public Health & Mass. Health Plans

Tobacco Treatment Checklist

- ADVISE smoker to stop: Stop-smoking advice given: "I strongly advise you to quit smoking and I can help you."
- ASSESS readiness to quit: Ready to quit Thinking about quitting Not ready to quit
- ASSIST smoker to quit: Brief counseling
Reasons to quit Barriers to quitting Lessons from past quit attempts Set a quit date, if ready Enlist social support
- Medications if appropriate
Nicotine Replacement (CIRCLE): patch gum lozenge inhaler nasal spray Other (CIRCLE): Bupropion (Zyban/Wellbutrin SR)
- ARRANGE follow-up: Refer to Try-To-STOP TOBACCO Resource Center
 by faxing the lower part of this form toll-free to **1-866-560-9113**

TRY-TO-STOP TOBACCO RESOURCE CENTER OF MASSACHUSETTS

Massachusetts Resident Enrollment Form

Fax this part of form to **1-866-560-9113**

PRIMARY CARE PROVIDER			
primary care provider or specialist name	UPIN# (OPTIONAL)	phone (area code + number) ()	fax (area code + number) ()
primary care provider or specialist address	city	state	zip
PATIENT			
first name	last name	date of birth (month/day/year)	
phone (area code + number) ()	May we leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no	language preference (circle): English Spanish other (specify):	email address
patient address	city	state	zip
insurance <input type="checkbox"/> BCBSMA <input type="checkbox"/> BMC HealthNet Plan <input type="checkbox"/> Fallon <input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> MassHealth <input type="checkbox"/> Neighborhood Health Plan (NHP) <input type="checkbox"/> Network Health <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Other _____			
The Resource Center usually calls the patient within three business days of receiving a referral. When should we call?			
circle all that apply:	morning	afternoon	evening no preference

Yo, _____, a través de la presente, autorizo al Centro de Recursos de Massachusetts DÉJALO, ("el Centro de Recursos"), y sus representantes a revelar información sobre mi persona a:

- 1) La línea de consejería de la Sociedad Americana Contra el Cáncer en la extensión necesaria que me permita participar en el programa de consejería para cesación de tabaco; y
 - 2) Mi proveedor de servicios básicos u otro proveedor ("Proveedor") que me ha referido al Centro de Recursos, en la extensión que el Centro de Recursos crea necesario para poner al día a mi Proveedor sobre mi progreso en mi intento de dejar de fumar.
- Autorizo a mi proveedor a revelar mi nombre, dirección, número de teléfono y MassHealth o otra información sobre mi seguro médico al Centro de Recursos con el propósito de mi participación en el programa Quitworks. También autorizo al Centro de Recursos y sus representantes a contactarme tan pronto reciban el formulario de mi proveedor con mi información.

FIRMA DEL PACIENTE O REPRESENTANTE

FECHA

NOMBRE DEL REPRESENTANTE IMPRESO EN LETRA DE MOLDE

RELACIÓN AL PACIENTE

NICOTINE REPLACEMENT OPTIONS

PATCHES

Nicotrol [®] 15 mg	Initial: MAX:	1 patch/16 hrs. Same as above	Treatment Duration: 8 wks.
Nicoderm [®] CQ 21 mg 14 mg 7 mg	Initial: MAX:	1 patch/24 hrs. Same as above	Treatment Duration: 8 wks.

GUM

Nicorette [®] 2 mg 4 mg	Initial: MAX:	1 piece every 1–2 hrs. 24 pieces/24 hrs.	Treatment Duration: 8–12 wks.
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LOZENGE

Commit [®] 2 mg 4 mg		1 lozenge/1–2 hrs. (wks 1–6) 1 lozenge/2–4 hrs. (wks 7–9) 1 lozenge/4–8 hrs. (wks 10–12)	Treatment Duration: 12 wks.
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NASAL SPRAY

Nicotrol [®] NS 10 mg/ml	Initial: MAX:	1–2 doses/hr. 5 doses/hr. or 40 doses/day	Treatment Duration: 3–6 mos.
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INHALER

Nicotrol [®] Inhaler 10 mg/cartridge	Initial: MAX:	6–16 cartridges/day 16 cartridges/day	Treatment Duration: 3–6 mos.
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NON-NICOTINE MEDICATION

BUPROPION HCL SR

Zyban [®] 150 mg tablets	Initial: MAX:	150 mg/day (days 1–3) 300 mg/day (day 4+) 300 mg/day	Treatment Duration: 7–12 wks.
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Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. This chart does not indicate or authorize insurance benefit coverage for any of these medications. For insurance benefit information, the patient will need to contact his/her insurer directly. The cost or provision of these medications is not included as any part of the Try-To-STOP TOBACCO Resource Center of Massachusetts or QuitWorks program.

Make smoking history.